

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053889

1. Entity Name
MARCRAE GROUP, LLC



Principal Place of Business
**105 MAGNOLIA RIDGE
 CRAWFORDVILLE, FL 32327**

Mailing Address
**105 MAGNOLIA RIDGE
 CRAWFORDVILLE, FL 32327**

DO NOT WRITE IN THIS SPACE



04032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
42-1637202 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARTUNG, C.W.
 105 MAGNOLIA RIDGE
 CRAWFORDVILLE, FL 32327**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTUNG, C.W. 105 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTUNG, CRAIG 105 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTUNG, MARK 46 BRIDLEGATE DRIVE CRAWFORDVILLE, FL 32327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C.W. Hartung (C.W. HARTUNG) Date: 4/5/06 Daytime Phone #: (850) 926-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE