


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L04000053889</b>	
1. Entity Name <b>MARCRAE GROUP, LLC</b>	

Principal Place of Business <b>105 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>105 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327</b>
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**DO NOT WRITE IN THIS SPACE**



04032006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>42-1637202</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HARTUNG, C.W. 105 MAGNOLIA RIDGE CRAWFORDVILLE, FL 32327</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

**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 BRIDGLEGATE DRIVE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/06-80035-020 50.00

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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) **4/5/06** **(850) 926-3072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #