
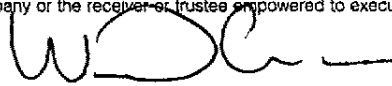


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000064129		
1. Entity Name HORSESHOE CRAB, LLC		
Principal Place of Business 1415 TIMBERLAND ROAD, #217 TALLAHASSEE, FL 32312		Mailing Address 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRONA, WILLIAM D 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRONA, WILLIAM D 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		1/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date



01292007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1360911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000611717
02/02/07-80074-015 50.00

**DO NOT WRITE
IN THIS SPACE**