

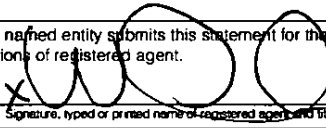
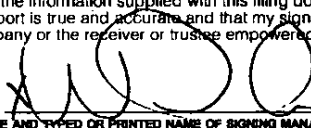


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 002 ***138.75

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		
2. Principal Place of Business - No P.O. Box # 1471 Timberlane Rd. Suite, Apt. #, etc. 176		3. Mailing Address 1471 Timberlane Rd. Suite, Apt. #, etc. 176			
City & State Tallahassee, FL.		City & State Tallahassee, FL.		03192008 Chg-LLC CR2E083 (12/06)	
Zip 32312		Country US		4. FEI Number 20-1360911	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CRONA, WILLIAM D 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Crona, William D. Street Address (P.O. Box Number is Not Acceptable) 1471 Timberlane Rd. Suite 176 City Tallahassee FL Zip Code 32312		
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 3/18/08 vv		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			Make check payable to Florida Department of State		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRONA, WILLIAM D 1415 TIMBERLAND ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crona William D. 1471 Timberlane Rd. #126 Tallahassee, FL. 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crona William D. 1471 Timberlane Rd. #126 Tallahassee, FL. 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crona William D. 1471 Timberlane Rd. #126 Tallahassee, FL. 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crona William D. 1471 Timberlane Rd. #126 Tallahassee, FL. 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			DATE 3/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		