2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000067582 1. Entity Name LENVIL CREWS, L.L.C.

FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

7389 CLOISTER DRIVE- OFFICE SARASOTA, FL 34231 US Mailing Address

7389 CLOISTER DRIVE- OFFICE SARASOTA, FL 34231 US



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

CREWS, LENVIL 7389 CLOISTER DRIVE- OFFICE SARASOTA, FL 34231

SIGNATURE:

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	Signature, typed or printed marte of registered egent and the it applicable.	(NOTE: Registered Agont signature required when reinstating)	CATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENVIL CREWS 7389 CLOISTER DRIVE- OFFICE SARASOTA, FL 34231		
TITLE MAME STREET ADDRESS CITY-ST-ZP			000000495445 04/21/06-80010-824 50.80
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	,	IN	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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 eath; that I am a managing member or manager of the ilmited ilability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.