

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90056 032 ****50.00

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|---|-----|---------------------------------|------|--------------|--|----------------|-----------------------------|--|-----------------|-----------------------|--|--|--|-------|--------------------|--|------|--------------|--|----------------|--------------------|--|-----------------|----------------|--|
| DOCUMENT # L04000067646 1. Entity Name CR 544, L.L.C. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 135 NO. 6TH STREET, SUITE A HAINES CITY, FL 33844 | | Mailing Address 135 NO. 6TH STREET, SUITE A HAINES CITY, FL 33844 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 10830 SW 113 Place Suite, Apt. #, etc. | | 3. Mailing Address 10830 SW 113 Place Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Miami Florida Zip 33176 | | City & State Miami Florida Zip 33176 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-1700908 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MURPHY, JOHN 135 NO. 6TH STREET, SUITE A HAINES CITY, FL 33844 | | 7. Name and Address of New Registered Agent Name John Murphy Street Address (P.O. Box Number is Not Acceptable) 10830 SW 113 Place City Miami FL Zip Code 33176 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 generating) DATE 2/24/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>135 NO. 6TH STREET, SUITE A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HAINES CITY, FL 33844</td> <td></td> </tr> </table> | | TITLE | MGR | <input type="checkbox"/> Delete | NAME | MURPHY, JOHN | | STREET ADDRESS | 135 NO. 6TH STREET, SUITE A | | CITY - ST - ZIP | HAINES CITY, FL 33844 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">10830 SW 113 Place</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MURPHY, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10830 SW 113 Place</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Miami FL 33176</td> <td></td> </tr> </table> | | TITLE | 10830 SW 113 Place | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MURPHY, JOHN | | STREET ADDRESS | 10830 SW 113 Place | | CITY - ST - ZIP | Miami FL 33176 | |
| TITLE | MGR | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | MURPHY, JOHN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 135 NO. 6TH STREET, SUITE A | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | HAINES CITY, FL 33844 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | 10830 SW 113 Place | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | MURPHY, JOHN | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 10830 SW 113 Place | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | Miami FL 33176 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 2/24/05 8:63 Daytime Phone: 422 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JOHN MURPHY | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JOHN MURPHY | | | | | | | | | | | | | | | | | | | | | | | | | |