


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90419 016 ****50.00

DOCUMENT # L04000073077	
1. Entity Name CROUCH ENTERPRISES, L.L.C.	

Principal Place of Business 8277 N.W. 3RD PLACE CORAL SPRINGS, FL 33071	Mailing Address 8277 N.W. 3RD PLACE CORAL SPRINGS, FL 33071
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2. Principal Place of Business 8277 NW 3rd Place	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral SPRINGS FL	City & State
Zip 33071	Country USA

40026185



01222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 54 216 2931	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CROUCH, WILLIAM H JR <i>misspelled</i> 8277 N.W. 3RD PLACE CORAL SPRINGS, FL 33071	

7. Name and Address of New Registered Agent	
Name CROUCH, WILLIAM H JR	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROUCH, WILLIAM H JR 8277 N.W. 3RD PLACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROUCH, LINDA 8277 N.W. 3RD PLACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William H Crouch Jr March 28, 2005 954 752 5546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #