FILED Apr 20, 2007 08:00 AM Secretary of State

Daytime Phone #

| ANNUAL REPORT | | |
|--------------------------------------------------------------|--|--|
| DOCUMENT # L04000073595 1. Entity Name CROLEY BUILDING, LLC | | |

Principal Place of Business

3133 SW 32ND AVENUE OCALA, FL 34474

Mailing Address

3133 SW 32ND AVENUE OCALA, FL 34474



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04112007 No Chg-LLC CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|-----------------------------------|----------------|
| 20-1795381 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CROLEY, THOMAS L 3133 SW 32ND AVENUE

DO NOT WRITE

| OCALA, FI | _ 34474 | IN THIS SPACE |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | named entity submits this statement for the purpose of changing its rions of registered agent. | egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and trille if applicable (NOTE: | Registered Agent signature required when reinstating) DATE |
| FI | iling Fee is \$50.00 ue by May 1, 2007 | U00000719220 05/01/07-80054-022 50.00 |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CROLEY, THOMAS L 3133 SW 32ND AVENUE OCALA, FL 34474 | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | | |
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| TITLE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | |
| 11. I hereby indicated limited lia | certify that the information supplied with this filling does not qualify to I on this report is true and accurate and that my signature shall have ability company or the receiver or trustee empowered to execute this | or the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am a managing member or manager of the proportion as required by Chapter 608, Florida Statutes. |