


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90038 030 \*\*\*\*50.00

**DOCUMENT # L04000078737**

1. Entity Name  
**DAVID CRON SALES LLC**



Principal Place of Business      Mailing Address

**1625 RED CEDAR DR., APT. 4D  
 FT MYERS, FL 33907**      **1625 RED CEDAR DR., APT. 4D  
 FT MYERS, FL 33907**

2. Principal Place of Business      3. Mailing Address

**5100 WESTBANK EXPY**      **3338 BRECKENRIDGE LN**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 6 1/2**      **APT # 3**

City & State      City & State

**MARRERO LA**      **Louisville Ky**

Zip      Country      Zip      Country

**70072 USA**      **40220 USA**



04132006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For

**20-1838739**       Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED  
 1203 GOVERNORS SQUARE BLVD  
 SUITE 101  
 TALLAHASSEE, FL 32301-2960**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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 Richard D Cron - DAVID CRON SALES LLC      DATE 04-12-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRON, DAVID 1625 RED CEDAR DR., APT. 4D FT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRON, PARTCIA 1625 RED CEDAR DR., APT. 4D FT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Richard D Cron - DAVID CRON SALES LLC      Date 04/12/06      Daytime Phone # 239-425-7600

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