2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2005 8:00 am Secretary of State

DOCUMENT # L04000078826 1. Entity Name MICHAEL A CROUNSE LLC			S. Carrie		Secretary of State 02-22-2005 90074 031 ****50.00			
Principal Place of Business 1765 E NINE MILE ROAD SUITE 1 PENSACOLA, FL 32514		Mailing Address 1765 E NINE MILE ROAD SUITE 1 PENSACOLA, FL 32514			200 1	148720		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe		No	pplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired	S5.00 Add Fee Require	
Name and Address of Current Registered Agent			r	Name	7. Name and Address of New Registered Agent			
CROUNSE, MICHAEL A JR 9011 ZELDA STREET PENSACOLA, FL 32514				Street Address (P.O. Box Number is Not Acceptable)				
			-	City	·		FL Zip Cod	e
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 name of registered agent a	nd talle if applicable. (NOTE:	: Registered Ag	gent signature required	when remstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005								
							te check payable to a Department of State	e
9.	ue by May 1, 2005 MANAGING MEMBER		10.				Department of State /CHANGES	
Di	MANAGING MEMBER MGR CROUNSE, MICHAEL A JR 9011 ZELDA STREET	RS/MANAGERS	10. TITLE NAME STREET A	I		Florida	a Department of State	e Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR CROUNSE, MICHAEL A JR		TITLE NAME STREET A CITY-ST- TITLE NAME	(-ZIP		Florida	Department of State /CHANGES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR CROUNSE, MICHAEL A JR 9011 ZELDA STREET	☐ Delete	NAME STREET A CITY-ST- TITLE NAME STREET A	ADDRESS 1-ZIP ADDRESS		Florida	a Department of State /CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR CROUNSE, MICHAEL A JR 9011 ZELDA STREET	☐ Delete	ITILE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS		Florida	a Department of State /CHANGES ☐ Change ☐ Change	Addition
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11. Thereby certify that the information supplied with this himg does not quality for the exemption is stated in Section 119.07(3)(), Horida statutes, indicate any that it is information indicated on this report is true and accurate and that my signature shall have the same legal effect as feeding in under path; 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: Michael Mane OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 2/18/05 (850)698-7752

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