


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L04000079928 1. Entry Name THE CROWLEY GROUP OF FLORIDA LLC |  |
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| Principal Place of Business 475 TOWN PLACE, SUITE 120 ST. AUGUSTINE, FL 32092 | Mailing Address 475 TOWN PLACE, SUITE 120 ST. AUGUSTINE, FL 32092 |
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DO NOT WRITE IN THIS SPACE



07052006No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-1861662 | 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 F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 |
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6. 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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CROWLEY, TOMOTHY J 4 RIVER AVENUE GREENWICH, CT 06830 |
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07/10/06-80006-006 50.00

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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:  **7-6-6** **907-940-2441**

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