


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079928 1. Entity 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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc
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1st MOORE CR2E083 (10/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 20-1861662	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CROWLEY, TOMOTHY J 4 RIVER AVENUE GREENWICH CT 06830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000657311 03/14/07-80062-009 50.00
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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **T. J. CROWLEY** **2/20/07** **904-940-2441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #