


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086936			
1. Entity Name CRESCENT PICKLE, LLC			
Principal Place of Business 19877 ALLAIRE LANE FORT MYERS FL 33908		Mailing Address 19877 ALLAIRE LANE FORT MYERS FL 33908	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ELLER, KATHLEEN P 19877 ALLAIRE LANE FORT MYERS FL 33908		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.			



1st MOORE CR2E083 (10/05)

4. FEI Number **20-2167984** Applied For Not Applicable

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

1100010461888
03/21/06-80015-001 55.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	
NAME	ELLER, KATHLEEN P	NAME	
STREET ADDRESS	19877 ALLAIRE LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	TITLE	
NAME	PICKLE, KEITH A	NAME	
STREET ADDRESS	1939 LINCOLN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	TITLE	
NAME	PICKLE, KENNETH B	NAME	
STREET ADDRESS	3316 DREXELL HILL COURT	STREET ADDRESS	
CITY-ST-ZIP	APEX NC 27539	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 60B, Florida Statutes

SIGNATURE: *Kathleen P. Eller* **KATHLEEN P. ELLER**, MAR 3/15/06 (239) 267-8655