

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-25-2005 90024 029 ****50.00

DOCUMENT # L04000093233 1. Entity Name CRANE CREEK DEVELOPMENT, L.L.C.						
Principal Place of Business 747 SW SOUTH MACEDO BLVD. PORT ST. LUCIE, FL 34983			Mailing Address 747 SW SOUTH MACEDO BLVD. PORT ST. LUCIE, FL 34983			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR STUART, FL 34994				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State				
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES		
TITLE	MGR ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	BRAUN, JEFFREY			NAME		
STREET ADDRESS	747 SW SOUTH MACEDO BLVD.			STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983			CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.						
SIGNATURE:				S. Braun		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 3/22/05 (772) 879-2440 Daytime Phone #		

30002000



02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2086526** Applied For ☐ Not Applicable ☒

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