

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000014032

1. Entity Name
CRC REAL ESTATE, LLC



Principal Place of Business

**110 WEST UNDERWOOD STREET
ORLANDO, FL 32806**

Mailing Address

**110 WEST UNDERWOOD STREET
ORLANDO, FL 32806**



03092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3210466

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIGLIACCIO, RICHARD C ESQ.
660 WEST FAIRBANKS AVE., SUITE 1
WINT PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WILLIAMSON, PAUL R MD
110 W. UNDERWOOD ST
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FERRARA, ANDREA MD
110 W. UNDERWOOD ST
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GALLAGHER, JOSEPH T MD
110 W. UNDERWOOD STREET
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DEJESUS, SAMULE MD
110 W. UNDERWOOD ST.
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000669222
03/27/07-80058-021 \$50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Paul R. Williamson M.D.

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

3-13-07

Date

407 452-3790

Daytime Phone #