


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM  
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
---	---



03172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3210466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  MIGLIACCIO, RICHARD C ESQ. 660 WEST FAIRBANKS AVE., SUITE 1 WINTÉ PARK, FL 32789	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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 STRET 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	

**DO NOT WRITE  
IN THIS SPACE**

U00000927746  
05/21/08-80001-017-138.75

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: <u>Paul R. Williamson M.D.</u> <u>CEO</u> <u>4-24-08</u> <u>407-422-3790</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>