


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90338 014 \*\*\*\*50.00

<b>DOCUMENT # L05000019769</b> 1. Entity Name <b>CRI-CAUSEWAY, LLC</b>					
Principal Place of Business <b>15310 AMBERLY DR STE 250 TAMPA, FL 33602-4108 33</b>			Mailing Address <b>C/O 6508 E FOWLER AVE TAMPA, FL 33617</b>		
2. Principal Place of Business - No P.O. Box # <b>2330 W. Horatio St.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State			
Zip <b>33609</b>		Country <b>USA</b>		4. FEI Number <b>20-2432630</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCINTOSH, ANDREW L % DLA PIPER RUDNICK GRAY CARY US LLP 101 EAST KENNEDY BOULEVARD, SUITE 2000 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALLACE, DONALD 6130 LAZY DAYS BLVD SEFFNER, FL 33584-2968</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEFFNER, FL 33584-2968</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WACKSMAN, BENJAMIN 15310 AMBERLY DR STE 250 TAMPA, FL 33607</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2330 W. Horatio St. Tampa, FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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 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.					
<b>SIGNATURE: <u>Ben Wacksmann</u> BENJAMIN WACKSMAN 4/13/07 (813)985-1148</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					