2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L05000019769

1. Entity Name
CRI-CAUSEWAY, LLC



2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
2330 W. H	oratio St.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Tampa, FL								
Zip	Country	Zip	Country					
33609	USA							
C. Marine and Address of Comment Descriptions of Assess								

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

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

CINI-OAGO	SEVVAT, EEO										
	of Business RLY DR STE 250 3602-4108 33	Mailing Address C/O 6508 E FOWLER AVE TAMPA, FL 33617			PA0200						
2 Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address									
2330 W. Horatio St.						MINI MUU MAIN		89191 11819 1811	'I INDIA AINA INT	iai III iaei	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			52007	Chg-LL0	C	CR2E08	33 (12/06)		
City & State				I	I Number 0-2432				→ → · · ·	plied For Applicable	
Zip 33606	Country	Zip	Country	5 . Ce	ertificate o	of Status De	sired		\$5.00 Addi Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Na	me and /	Address of	New Re	gistered A	gent		
				me							
MCINTOSH, ANDREW L % DLA PIPER RUDNICK GRAY CARY US LLP 101 EAST KENNEDY BOULEVARD, SUITE 2000			Street Ac	Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL		12 2000									
			City					FL	Zip Code		
	named entity submits this statement for ons of registered agent.	the purpose of changing its reg	istered office or	registered age	nt, or both	n, in the Sta	te of Flori	ida. I am fi	amiliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signatu	re required when rein	stating)			DATE			
Filing Fee is \$50.00 Due by May 1, 2007							Check pa Departme	ayable to ent of State	•		
9.	MANAGING MEMBE	RS/MANAGERS	10.		<u> </u>	ADDI	TIONS/C	CHANGES			
TITLE	MGRM	☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS	WALLACE, DONALD 6130 LAZY DAYS BLVD		NAME STREET ADORESS								
CITY-ST-ZIP	SEFENER: FL-335842988		CITY-ST-ZIP	SEFFN	ER,	FL 33	3584	- 296	28	Ì	
TITLE	MGRM	☐ Delete	TITLE		•				Change	Addition	
NAME	WACKSMAN, BENJAMIN 1 5210 AMBERLY DR STE 250		NAME STREET ADDRESS	2330	ا لما	-to-st	٦ <i>٨</i>	51.			
STREET ADDRESS CITY-ST-ZIP	TAMPA, FL -33647		CITY-ST-ZIP	Tamp		7 3					
TITLE		☐ Delete	TITLE		, ,	~	, 0 , 0 .	<u> </u>	☐ Change	Addition	
NAME			NAME							ļ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							İ	
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME			NAME								
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP								
CITY-ST-ZIP		☐ Delete	TITLE						☐ Change	Addition	
NAME		Cal Delete	NAME								
STREET ADDRESS			STREET ADORESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE NAME						☐ Change	☐ Addition	
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	e exemptions co	ntained in Chap	pter 119,	Florida Stat	tutes. I fu	rther certify	that the info	rmation	

Thereby certify that the miormation supplied with this liting does not quality for the exemptions contained in Chapter 119, horida statutes. Further certify that man 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 of the receiver or tyustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JRE: WWW. BENJAMIN WACKSMAN 4/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, NAMAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date