
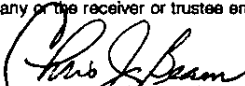


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000021767 1. Entity Name CRA, LLC		
Principal Place of Business 2714 BOB WHITE CIRCLE NAVARRE, FL 32566 US		Mailing Address 2714 BOB WHITE CIRCLE NAVARRE, FL 32566 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LYNCHARD LAW FIRM, P.A. 7552 NAVARRE PARKWAY SUITE 9 NAVARRE, FL 32566		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAM, CHRIS J 2714 BOB WHITE CIRCLE NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINTON, RICHARD D 1800 WINSTON AVENUE NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  CHRIS J. BEAM		12 MARCH 07 850-939-8182
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2583437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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03/30/07-80104-005.50.00

**DO NOT WRITE
IN THIS SPACE**