

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90243 042 \*\*\*\*55.00

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|                                                                                                                                                                                                                                      |                                                                            |                                                              |                                                                         |                                                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000022592</b>                                                                                                                                                                                                       |                                                                            |                                                              |                                                                         |                                                                                                                                                                     |  |
| <b>1. Entity Name</b><br>CRCI LLC                                                                                                                                                                                                    |                                                                            |                                                              |                                                                         |                                                                                                                                                                     |  |
| <b>Principal Place of Business</b><br>1514 BERNITA STREET<br>JACKSONVILLE, FL 32211                                                                                                                                                  |                                                                            |                                                              | <b>Mailing Address</b><br>1514 BERNITA STREET<br>JACKSONVILLE, FL 32211 |                                                                                                                                                                     |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                |                                                                            | <b>3. Mailing Address</b>                                    |                                                                         |                                                                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                  |                                                                            | Suite, Apt. #, etc.                                          |                                                                         |                                                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                         |                                                                            | City & State                                                 |                                                                         | <b>4. FEI Number</b><br>02-0740614                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                  |                                                                            | Country                                                      |                                                                         | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BARBER, JOHN W JR.<br>1514 BERNITA STREET<br>JACKSONVILLE, FL 32211                                                                                                    |                                                                            |                                                              |                                                                         | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| <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.</b> |                                                                            |                                                              |                                                                         |                                                                                                                                                                     |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                              |                                                                            |                                                              |                                                                         |                                                                                                                                                                     |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                  |                                                                            | <b>Make check payable to<br/>Florida Department of State</b> |                                                                         |                                                                                                                                                                     |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>                                                                                                                                                                                                |                                                                            |                                                              | <b>10. ADDITIONS / CHANGES</b>                                          |                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | MGRM<br>BARBER, JOHN W JR<br>1514 BERNITA STREET<br>JACKSONVILLE, FL 32211 |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <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.

**SIGNATURE:**   
John W. Barber, Jr., Managing Member

2/21/06