


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022592 1. Entity Name CRCI LLC	
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Principal Place of Business 1514 BERNITA STREET JACKSONVILLE, FL 32211	Mailing Address 1514 BERNITA STREET JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0740614	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BARBER, JOHN W JR. 1514 BERNITA STREET JACKSONVILLE, FL 32211
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007.**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARBER, JOHN W JR 1514 BERNITA STREET JACKSONVILLE, FL 32211
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<p>U000000673270 03/23/07-80022-019 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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. *John W. Barber, Jr.* 3/15/07 (904) 744-4067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #