

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000022592

1. Entity Name
CRCI LLC



Principal Place of Business
**1514 BERNITA STREET
JACKSONVILLE, FL 32211**

Mailing Address
**1514 BERNITA STREET
JACKSONVILLE, FL 32211**



01212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0740614

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARBER, JOHN W JR.
1514 BERNITA STREET
JACKSONVILLE, FL 32211**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARBER, JOHN W JR
STREET ADDRESS	1514 BERNITA STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000816720
02/14/08-80060-021 143.75

**DO NOT WRITE
IN THIS SPACE**

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. MGRM

1/30/08

904 744 4067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #