

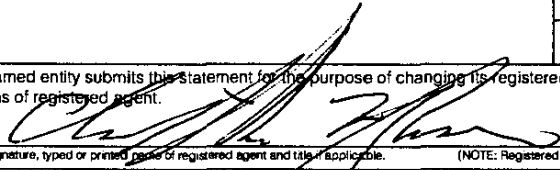



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-10-2006 90169 019 \*\*\*\*50.00

<b>DOCUMENT # L05000024427</b> 1. Entity Name <b>CRMH FINANCIAL GROUP, LLC</b>					
Principal Place of Business <b>214 LIST ROAD PALM BEACH, FL 33480</b>			Mailing Address <b>214 LIST ROAD PALM BEACH, FL 33480</b>		
2. Principal Place of Business <b>217 TRADEWIND DRIVE</b>		3. Mailing Address <b>217 TRADEWIND DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PALM BEACH, FL</b>		City & State <b>PALM BEACH, FL</b>			
Zip <b>33480</b>		Zip <b>33480</b>			
Country <b>USA</b>		Country <b>USA</b>		01152006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>13-6666418</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HUGHES, CHRISTOPHER 214 LIST ROAD PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name <b>HUGHES, CHRISTOPHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>217 TRADEWIND DRIVE</b> City <b>PALM BEACH</b> FL Zip Code <b>33480</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. SIGNATURE  DATE <b>January 17, 2006</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HUGHES, CHRISTOPHER 214 LIST ROAD PALM BEACH, FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HUGHES, CHRISTOPHER 217 TRADEWIND DRIVE PALM BEACH, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption 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 			Date <b>January 17, 2006</b> 561-844-3150		