2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L05000036610

Entity Name: CRAPHONSO THORPE, L.L.C.

Current Principal Place of Business:

514 LONG PINE DRIVE
TALLAHASSEE, FL

New Principal Place of Business:

514 LONG PINE DRIVE
TALLAHASSEE, FL 32305

Current Mailing Address:

514 LONG PINE DRIVE
TALLAHASSEE, FL

New Mailing Address:

514 LONG PINE DRIVE
TALLAHASSEE, FL 32305

FEI Number: 59-4664579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THORPE, CRAPHONSO
514 LONG PINE DRIVE
TALLAHASSEE, FL US

Name and Address of New Registered Agent:

THORPE, CRAPHONSO
514 LONG PINE DRIVE
TALLAHASSEE, FL 32305 US

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.

SIGNATURE: CRAPHONSO THORPE 04/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THORPE, CRAPHONSO
Address: 514 LONG PINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAPHONSO THORPE MR. 04/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date