

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038328

FILED
Sep 02, 2007
Secretary of State

Entity Name: CRUCE COMPUTER CONSULTING, LLC

Current Principal Place of Business:

4229 NW 43RD STREET
APT F41
GAINESVILLE, FL 32606

New Principal Place of Business:

907 NW 25TH AVENUE
GAINESVILLE, FL 32609 US

Current Mailing Address:

4229 NW 43RD STREET
APT F41
GAINESVILLE, FL 32606

New Mailing Address:

907 NW 25TH AVENUE
GAINESVILLE, FL 32609 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRUCE, JAMES F
4229 NW 43RD STREET
APT F41
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

CRUCE, JAMES F CEO
907 NW 25TH AVENUE
GAINESVILLE, FL 32609 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: JAMES F CRUCE

09/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: CRUCE, JAMES F CEO
Address: 4229 NW 43RD STREET F-41
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: CRUCE, JAMES F CEO
Address: 907 NW 25TH AVENUE
City-St-Zip: GAINESVILLE, FL 32609 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES F CRUCE

CEO

09/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date