

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043160

FILED
Apr 29, 2009
Secretary of State

Entity Name: CRAWFORDVILLE HWY, LLC

Current Principal Place of Business:

888 SE THIRD AVENUE
STE. 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

2380 COLLEGE AVENUE
DAVIE, FL 33317

Current Mailing Address:

888 SE THIRD AVENUE
STE. 501
FORT LAUDERDALE, FL 33316

New Mailing Address:

P.O. BOX 292037
DAVIE, FL 33329

FEI Number: 90-0342078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, H. COLLINS JR.
1323 SE 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORMAN, H. COLLINS JR.
Address: 1323 SE THIRD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: FORMAN, MILES AUSTIN
Address: 888 SE THIRD AVENUE, STE. 501
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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

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

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: M. AUSTIN FORMAN

MGRM

04/29/2009

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