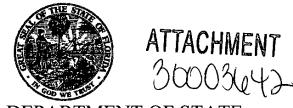
2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # L05000045330** 03-08-2006 90040 007 ****50.00 1. Entity Name CRV DISTRIBUTORS, LLC Principal Place of Business Mailing Address 30003642 350 WEST INDIANTOWN ROAD 350 WEST INDIANTOWN ROAD JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 03072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number 56-25135 Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 350 WEST INDIANTOWN ROAD JUPITER, FL 33458 Zip Code 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 primad name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM TITLE ☐ Change Addition CORMIER, BRETT KALE NAME 350 WEST INDIANTOWN ROAD STREET ADDRESS STREET ADDRESS JUPITER, FL. 63458 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Channe ☐ Addition . . KAME KALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change --- -- Addition STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZP ☐ Delete ☐ Change ☐ Addition TITLE HAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change BILE ☐ Delete ☐ Addition NAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP supplied with this ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information accurate and that mysignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ever or trustee propowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company or the receipt.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2006

CRV DISTRIBUTORS, LLC 350 WEST INDIANTOWN ROAD JUPITER, FL 33458

Subject: CRV DISTRIBUTORS, LLC

Reference Number:

L05000045330

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION