

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047800

**FILED**  
**Feb 15, 2007**  
**Secretary of State**

**Entity Name:** CRAWFORD-MCBRIDE DEVELOPMENT LLC

**Current Principal Place of Business:**

2415 NORTH PACE BLVD., SUITE 5  
PENSACOLA, FL 32505

**New Principal Place of Business:**

101 E. BRAINERD STREET  
SUITE B  
PENSACOLA, FL 32501

**Current Mailing Address:**

2415 NORTH PACE BLVD., SUITE 5  
PENSACOLA, FL 32505

**New Mailing Address:**

101 E. BRAINERD STREET  
SUITE B  
PENSACOLA, FL 32501

**FEI Number:** 30-0337898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHNNY C SR  
1444 WATKINS TRAIL  
PENSACOLA, FL 32506 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: CRAWFORD, JOHNNY C SR  
Address: 1444 WATKINS TRAIL  
City-St-Zip: PENSACOLA, FL 32506

Title: MGRM ( ) Delete  
Name: MCBRIDE, WILLIAM C  
Address: 320 WEST LLOYD STREET  
City-St-Zip: PENSACOLA, FL 32501

**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 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:** JOHNNY C. CRAWFORD, SR.

MGMR

02/15/2007

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