2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000047922

FORT LAUDERDALE, FL 33301 US

City-St-Zip:

Entity Name: CREW LLC

FILED Oct 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4425 E. RIVERSIDE DR. FT. MYERS, FL 33905 US **Current Mailing Address: New Mailing Address:** 4425 E. RIVERSIDE DR. FT. MYERS, FL 33905 US FEI Number: 20-2748676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: CARR, CHRISTINA B 4425 É. RIVERSIDE DR. FT. MYERS, FL 33905 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: CHRISTINA CARR Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CARR, CHRISTINA B Name: Name: Address: 4425 E. RIVERSIDE DR. Address: City-St-Zip: FT. MYERS, FL 33905 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DIGIORGIO, JAMES D Name: Address: 4425 E. RIVERSIDE DR. Address: City-St-Zip: FT. MYERS, FL 33905 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MALCOLM, DESMOD Name: Name: Address: 2280 SW 139 AVE. Address: City-St-Zip: FORT LAUDERDALE, FL 33301 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MALCOLM, CATHERINE Name: Address: 2280 SW 139 AVE Address:

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.

City-St-Zip:

SIGNATURE: CHIRSTINA CARR MGRM 10/06/2006