

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 013 ***138.75

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03052008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000050240 1. Entity Name CRAWFORD CARTER, LLC					
Principal Place of Business 3000 IMMOKALEE ROAD SUITE 5 NAPLES, FL 34110			Mailing Address 3000 IMMOKALEE ROAD SUITE 5 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610		3. Mailing Address 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610		4. FEI Number 20-3385882 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State Naples, FL		City & State Naples, FL			
Zip 34108		Zip 34108			
Country U.S.A.		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE PRES	NAME CRAWFORD, RICHARD S PRES			<input type="checkbox"/> Delete	
STREET ADDRESS 3000 IMMOKALEE RD SUITE 5	CITY-ST-ZIP NAPLES, FL 34110			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS 999 Vanderbilt Beach Rd., Suite 610			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP Naples, FL 34108	CITY-ST-ZIP Naples, FL 34108			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:				Date 3/19/08 Daytime Phone # 239-593-6160	