

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Jun 23, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90056 016 \*\*\*\*50.00

**DOCUMENT # L05000073093**

1. Entity Name  
**J.D. CROW PROPERTIES, LLC**



Principal Place of Business  
**4623 BARRACUDA DRIVE  
BRADENTON, FL 34208**

Mailing Address  
**4623 BARRACUDA DRIVE  
BRADENTON, FL 34208**

**30011014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05252006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-3199381**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILCOX, DAVID W  
308 13TH ST. W.  
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME WASIELESKI, RICHARD  
STREET ADDRESS 4623 BARRACUDA DRIVE  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE MGRM ☐ Delete  
NAME FICHTER-WASIELESKI, DIANE  
STREET ADDRESS 4623 BARRACUDA DRIVE  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE MGRM ☐ Delete  
NAME O'HARA, H. CLIFFORD  
STREET ADDRESS 1163 SARAH STREET  
CITY-ST-ZIP BETHEL PARK, PA 15102

TITLE MGRM ☐ Delete  
NAME O'HARA, JOYCE  
STREET ADDRESS 1163 SARAH STREET  
CITY-ST-ZIP BETHEL PARK, PA 15102

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Richard Wasielecki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5/25/06 941-744-5787**

Date

Daytime Phone #