2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 03, 2006 8:00 am Secretary of State

| DOCUMENT # L05000080710 1. Entity Name | | | | | 02-13-2006 90192 044 ****50.00 | | | |
|---|---|--|-----------|---------------------------------|----------------------------------|----------------------------------|-----------------------------|------------|
| THE CR GROUP ONE, LLC | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 1542 KINGS ORANGE PA | 1542 KINGSLEY AVEN ORANGE PARK FL 320 | 2 KINGSLEY AVENUE, SUITE #32 131 ANGE PARK FL 32073 | | | | | | |
| 2. Principal P | Tace of Business | 3. Mailing Address | | | R OURT OFFICE STATE OF | 1 <u>111 1111 1111 111</u> | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE | CR2E083 | (10/05) | | |
| City & State | | City & State | | 4. FEI Number 41 - 219 02 79 |) | h | pplied For ot Applicable | |
| Zip | Country | Zip | Zíp Count | | 5. Certificate of Status Desired | | \$5.00 Add | |
| | 6. Name and Address of Current F | legistered Agent | | | 7. Name and Address of New | | | |
| MOSS, RODGER D JR. 425 W. COLONIAL DRIVE, SUITE 101 ORLANDO FL 32804 | | | | Name | | | | |
| | | | | Street Address | (P.O. Box Number is Not Acceptab | le) | | |
| · · · · · | | | | | | | | |
| | | | | City | | FL | Zip Cod | e |
| 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 Sqredure, typost or prised name of regulation against and table if appointable. (NOTE Registered Agains arginiture required when reinstating) DATE | | | | | | | | |
| • | | EE IS \$50.00 | *** | | | | | |
| Make Check Payable | | | to Flo | orlda Departme | | | | |
| | | Due | By Ma | iy 1, 2006 📑 | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. | | ADDITIONS | /CHANGES | | |
| TITLE | CEO - The Walti Family Trust Delete Jack Walti | | | | | | ☐ Change | ☐ Addition |
| name Street address | I | | NAME | ET ADDRESS | | | | 1 |
| CITY-SI-ZIP | | | | ST-ZIP | | | | |
| TITLE | CFO | ☐ Delate | TITLE | | | | ☐ Change | Addition |
| NAME | Bushdy Tombler | | NAME | : | | | | |
| STREET ADDRESS | 1542 Kingsley Ave, ste 131 | | | ET ADDRESS | | | | 1 |
| CITY-ST-ZIP | 01001010 12.11.12 | | | ST-ZIP | | | | |
| TITLE NAME | COO Detete | | | | | | Change | Addition |
| STREET ADORESS | Kevin Trotter | | | T ADDRESS | • | | | |
| CITY-SI-ZIP | 1347 KIIMSIM 146, STE 151 | | | ST-ZIP | | | | ļ |
| TATLE | President - BFour Group, uc Delete | | | - | | | ☐ Change | Addition |
| NAME | Clinton Barrow | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | | ST-ZIP | | | | |
| TILE | VIA 90 101K, 10 32013 | | | | | | Chross | - Applican |
| NAME | | LJ Veine | TITLE | Į. | | l | ☐ Change | Addition |
| STREET ADDRESS | | | | T AODRESS | | | | |
| CITY-SI-ZIP | | | CITY | ST-ZTP | | | | |
| MILE | | ☐ Delete | IITLE | I | | | ☐ Change | ☐ Addition |
| NAME Street adoress | | | NAME | I | | | | ł |
| CITY-ST-2IP | | | | T ADDRESS SI ZIP | | | | } |
| | L | | | | | | | |

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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: 1/3/6/6 904-269-353
ESCHATURE AND TYPED OR PROVIDED HADROF SHAWING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deputre Prove F