


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000083761 1. Entity Name CROWE'S NEST LLC	
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Principal Place of Business 438 18TH AVENUE INDIAN ROCKS BEACH, FL 33785	Mailing Address 1207 MOCKINGBIRD DRIVE GRAPEVINE, TX 76051
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WERT, WILLIAM H III 1201 BAYSHORE BLVD. INDIAN ROCKS BEACH, FL 33785	<b>DO NOT WRITE IN THIS SPACE</b>
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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: WILLIAM H. WERT III DATE: 4-23-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEMING, JOEL 1207 MOCKINGBIRD DRIVE GRAPEVINE, TX 76051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADFORD, ELLEN 2607 POMERAN HOUSTON, TX 77080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRITT, ANDREA 18011 GREEN HAZEL HOUSTON, TX 77084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000744272  
05/15/07-80142-010 50.00

**DO NOT WRITE IN THIS SPACE**

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: [Signature] DATE: 4-23-07 DAYTIME PHONE #: 972-906-3374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #