


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

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



04182008 No Chg-LLC

CR2E083 (12/07)

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

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 <u>WILLIAM H. WERT III</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>4-21-08</u> <small>DATE</small>

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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	

**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: <u>JOEL FLEMING</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4-21-08</u> <u>972-906-3374</u> <small>Date Daytime Phone #</small>