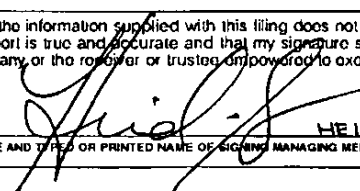


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-26-2007 90082 004 ****50.00

DOCUMENT # L05000095820 1. Entity Name CRESCENZO HOLDINGS LLC																							
Principal Place of Business 3101 N NEBRASKA AVE TAMPA FL 33603			Mailing Address 3101 N NEBRASKA AVE TAMPA FL 33603																				
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																				
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																				
City & State 			City & State 																				
Zip 		Country 		Zip 																			
Country 		Country 		4. FEI Number 80-3523771 Applied For ☐ Not Applicable																			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CRESCENZO, WILLIAM 3101 N NEBRASKA AVE TAMPA FL 33603																			
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 reappointing)																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007				9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: center;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY ST ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY ST ZIP</td> <td style="padding: 2px;">CITY ST ZIP</td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	STREET ADDRESS	CITY ST ZIP		CITY ST ZIP	CITY ST ZIP										
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11. I hereby certify that the information supplied with this filing does not qualify 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 organizer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																							
SIGNATURE:  HEIDI BEHRENDT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 1/22/07 Date Daytime Phone #																							