


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90029 041 ****55.00

DOCUMENT # L05000110360

1. Entity Name
CRIMSON BUSINESS COMMUNICATIONS LLC



Principal Place of Business
**466 E MIRACLE STRIP PKWY
 MARY ESTHER, FL 32569**

Mailing Address
**466 E MIRACLE STRIP PKWY
 MARY ESTHER, FL 32569**

60000010



2. Principal Place of Business - No P.O. Box #
241 Pipers Landing

3. Mailing Address
241 Pipers Landing

Suite, Apt. #, etc.

04092007 Chg-LLC CR2E083 (12/06)

City & State
DeFuniak Springs FL

City & State
DeFuniak Springs

Zip
32433

Country
Walter

4. FEI Number
35-2231942 20-4159539

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MCCUEN, MARK WAYNE
 466 E MIRACLE STRIP PKWY
 MARY ESTHER, FL 32569**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **DeFuniak Springs** **FL** Zip Code **32433**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCUEN, MARK WAYNE 466 E MIRACLE STRIP PKWY MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCUEN, Mark Wayne 241 Pipers Landing DeFuniak Springs FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mark W. McEl **4/17/07**

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