


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90013 015 \*\*\*\*50.00

<b>DOCUMENT #</b> L06000012864	
<b>1. Entity Name</b> CRABBY BILLS OF ST. CLOUD, LLC	

<b>Principal Place of Business</b> 5318 DEER CREEK DRIVE ORLANDO FL 32821	<b>Mailing Address</b> 5318 DEER CREEK DRIVE ORLANDO FL 32821
---	---



<b>2. Principal Place of Business - No P.O. Box #</b> 1104 LAKESHORE BLVD Suite, Apt. #, etc.	<b>3. Mailing Address</b> 14237 FEATHER SOUND DR Suite, Apt. #, etc.
---	--

2nd MOORE CR2E083 (4/07)

<b>City &amp; State</b> St Cloud FL	<b>City &amp; State</b> Clearwater FL
<b>Zip</b> 34769	<b>Zip</b> 33762
<b>Country</b> US	<b>Country</b> US

<b>4. FEI Number</b> 20-4254277	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b> MILLER, SOUTH & MILHAUSEN, P.A. C/O RICHARD D. BAXTER, ESQ. 1000 LEGION PLACE, SUITE 1200 ORLANDO FL 32801
---

<b>7. Name and Address of New Registered Agent</b>
<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> FL <b>Zip Code</b>

<b>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.</b>
<b>SIGNATURE</b> <i>James Martin</i> <b>DATE</b> 8-3-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 5, 2007</b>
--

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete
<b>NAME</b> MARTIN, JAMES	
<b>STREET ADDRESS</b> 5318 DEER CREEK DRIVE	
<b>CITY-ST-ZIP</b> ORLANDO FL 32821	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete
<b>NAME</b> POWERS, GREG	
<b>STREET ADDRESS</b> 5318 DEER CREEK DRIVE	
<b>CITY-ST-ZIP</b> ORLANDO FL 32821	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

10. ADDITIONS/CHANGES	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>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</b>
--

<b>SIGNATURE:</b> <i>James Martin</i> <b>DATE</b> 8-3-07
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>

Date

Daytime Phone #