2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# L06000023824

Entity Name: CROASMUN-HENRICKSON, LLC

Current Principal Place of Business:

2494 TOMOKA FARMS RD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291367
PORT ORANGE, FL 321291367

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROASMUN, ROBERT M
2494 TOMOKA FARMS RD
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HENRICKSON, R.G.
Address: 880 WISCONSON
City-St-Zip: ORANGE CITY, FL

Title: MGRM ( ) Delete
Name: CROASMUN, ROBERT M
Address: 249F TOMOKA FARMAS RD
City-St-Zip: PORT ORANGE, FL 321291367

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT M. CROASMUN MGRM 04/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date