2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000049977

1. Entity Name
C.R. FRANCHISE HOLDINGS LLC

Principal Place of Business	Mailing Address
11947 GRACE'S WAY	11947 GRACE'S WAY
CLERMONT, FL 34711 US	CLERMONT, FL 34711 US

DO NOT WRITE IN THIS SPACE

03082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4878286	Not Applicable

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

6. Name and Address of Current Registered Agent

CROUSE, RICHARD B EA
978 DOUGLAS AVE
SUITE 102
ALTAMONTE SPRINGS, FL 32714

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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 reinstating)   DATE

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

U000000910144
05/06/08-80097-024 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PAPE, ROBERT P
STREET ADDRESS	11947 GRACE'S WAY
CITY-ST-ZIP	CLERMONT, FL 34711

Single member

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/15/08   352-348-4485

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