

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90040 010 \*\*\*138.75

<b>DOCUMENT # L06000057212</b> 1. Entity Name <b>COUNTY ROAD 349 PARTNERS, LLC</b>					
Principal Place of Business <b>164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055</b>			Mailing Address <b>PO BOX 3659 LAKE CITY, FL 32056</b>		
2. Principal Place of Business - No P.O. Box # <b>2806 W US 90</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 101</b>			
City & State <b>LAKE CITY FL</b>		City & State <b>LAKE CITY FL</b>		4. FEI Number <b>20-5015419</b>	
Zip <b>32055</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAPPS, DANIEL 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2806 W US 90 SUITE 101 LAKE CITY FL 32055</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CRAPPS, DANIEL PO BOX 3659 LAKE CITY, FL 32056</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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	
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>SIGNATURE:</b>			<b>DANIEL CRAPPS</b> <i>Manager</i> <b>4/30/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

60039291



04302008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

☐ \$5.00 Additional Fee Required

FL Zip Code **32055**

386-7555110