

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066659

FILED  
Aug 15, 2007  
Secretary of State

Entity Name: CRUDELE TRUSTEE LLC

## Current Principal Place of Business:

1516 FOX HILL PLACE  
VALRICO, FL 33594

## New Principal Place of Business:

5807 SIERRA CREST LANE  
LITHIA, FL 33547

## Current Mailing Address:

1516 FOX HILL PLACE  
VALRICO, FL 33594

## New Mailing Address:

5807 SIERRA CREST LANE  
LITHIA, FL 33547

FEI Number: 20-5166305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

RANDALL, R.A. CAP  
1516 FOX HILL PLACE  
VALRICO, FL 33594      US

## Name and Address of New Registered Agent:

RANDALL, R.A. CAP  
5807 SIERRA CREST LANE  
LITHIA, FL 33547      US

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:

08/15/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: CRUDELE, MICHAEL  
Address: 1516 FOX HILL PLACE  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: CRUDELE, MICHAEL  
Address: 5807 SIERRA CREST LANE  
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL CRUDELE

MGRM

08/15/2007

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