

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084837

FILED
Apr 28, 2008
Secretary of State

Entity Name: CRR FINANCIAL GROUP LLC

Current Principal Place of Business:

1835 NE MIAMI GARDENS DR 410
AVENTURA, FL 33179

New Principal Place of Business:

318 INDIAN TRACE
201
WESTON, FL 33326

Current Mailing Address:

1835 NE MIAMI GARDENS DR 410
AVENTURA, FL 33179

New Mailing Address:

318 INDIAN TRACE
201
WESTON, FL 33326

FEI Number: 20-5472055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, CHRISTOPHER S
1835 NE MIAMI GARDENS DR 410
AVENTURA, FL 33179 US

Name and Address of New Registered Agent:

RUSSO, CHRISTOPHER S
318 INDIAN TRACE
201
WESTON, FL 33326 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: CHRISTOPHER RUSSO

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUSSO, CHRISTOPHER S
Address: 1835 NE MIAMI GARDENS DR 410
City-St-Zip: AVENTURA, FL 33179

Title: MGRM (X) Delete
Name: CRAVEIRO, ROSANGELA A
Address: 1835 NE MIAMI GARDENS DR 410
City-St-Zip: AVENTURA, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUSSO, CHRISTOPHER S
Address: 318 INDIAN TRACE # 201
City-St-Zip: WESTON, FL 33326

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

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: CHRISTOPHER RUSSO

MRGM

04/28/2008

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