


FILED
May 02, 2008 08:00 AM
Secretary of State

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000088710 1. Entity Name CRAFTSMAN'S CORNER LLC	
---	---

Principal Place of Business 920 HARBOR LAKE DR SAFETY HARBOR, FL 34695	Mailing Address 7370 124TH AVENUE NORTH LARGO, FL 33773
--	---

DO NOT WRITE IN THIS SPACE



04182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 22-3942519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEAR, JAMES R 7370 124TH AVENUE NORTH LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPEAR, BONITA S 7370 124TH AVENUE NORTH LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000848638
05/29/08-80067-017 188.75

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: *Bonita Spear* **4/30/08** **727-592-9600**

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