

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 07, 2008
Secretary of State**

DOCUMENT# L07000000642

Entity Name: CREWS BROTHERS, LLC

Current Principal Place of Business:

4730 LONG LAKE DRIVE
FORT MYERS, FL 33905

New Principal Place of Business:

4730 LONG LAKE DRIVE
FORT MYERS, FL 33905 US

Current Mailing Address:

4730 LONG LAKE DRIVE
FORT MYERS, FL 33905

New Mailing Address:

4730 LONG LAKE DRIVE
FORT MYERS, FL 33905 US

FEI Number: 59-2101602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREWS, PATRICIA J
4730 LONG LAKE DRIVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CREWS, HAROLD L
Address: 4730 LONG LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: MGR () Delete
Name: CREWS, PATRICIA J
Address: 4730 LONG LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CREWS, LUTHER
Address: 4730 LONG LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGR (X) Change () Addition
Name: CREWS, PATRICIA J
Address: 4730 LONG LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

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: LUTHER CREWS

MGR

05/07/2008

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