

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012359

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: CROWE'S NEST PROPERTIES, L.L.C.

**Current Principal Place of Business:**

6075 WEST SHORE RD.  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

3121 PEORIA ROAD  
ORANGE PARK, FL 32065 US

**Current Mailing Address:**

6075 WEST SHORE RD.  
ORANGE PARK, FL 32003

**New Mailing Address:**

3121 PEORIA ROAD  
ORANGE PARK, FL 32065 US

FEI Number: 20-8456492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUSS, JOHN S IV  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257 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: MGRM ( ) Delete  
Name: CROWE, TIMOTHY L  
Address: 6075 WEST SHORES ROAD  
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CROWE, TIMOTHY L  
Address: 3121 PEORIA ROAD  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: MGRM ( ) Change (X) Addition  
Name: CROWE, MICHELLE J  
Address: 3121 PEORIA ROAD  
City-St-Zip: ORANGE PARK, FL 32065 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: TIMOTHY LEWIS CROWE

MGRM

04/23/2008

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