

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014801

FILED
Apr 29, 2009
Secretary of State

Entity Name: CRANE, POOLE & SCHMIDT, LLC

Current Principal Place of Business:

410 S. WARE BLVD.
SUITE 401
BRANDON, FL 33508

New Principal Place of Business:

410 WARE BOULEVARD
401
TAMPA, FL 33619

Current Mailing Address:

POST OFFICE BOX 6723
BRANDON, FL 33508

New Mailing Address:

410 WARE BOULEVARD
401
TAMPA, FL 33619

FEI Number: 20-5688755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, BRENT A
410 S. WARE BLVD.
SUITE 401
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

ROSE, BRENT A
410 WARE BOULEVARD
401
TAMPA, FL 33619 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: BRENT A ROSE

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSE, BRENT A
Address: POST OFFICE BOX 6723
City-St-Zip: BRANDON, FL 33508

Title: MGR () Delete
Name: ORSINI, SCOTT T
Address: POST OFFICE BOX 118
City-St-Zip: ST. PETERSBURG, FL 33731

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: ROSE, BRENT A
Address: 410 WARE BOULEVARD, SUITE 401
City-St-Zip: TAMPA, FL 33619

Title: MR (X) Change () Addition
Name: ORSINI, SCOTT T
Address: 410 WARE BOULEVARD, SUITE 401
City-St-Zip: TAMPA, FL 33619

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: BRENT A ROSE

MR

04/29/2009

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