

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015715

FILED
Apr 17, 2010
Secretary of State

Entity Name: CR LAND DEVELOPMENT, LLC

Current Principal Place of Business:

5 CLIFFSIDE DRIVE
CANANDAIGUA, NY 14424

New Principal Place of Business:

602 CAMINO REAL
HOWEY-IN-THE-HILLS, FL 34737

Current Mailing Address:

P.O. BOX 872
CANANDAIGUA, NY 14424

New Mailing Address:

602 CAMINO REAL
HOWEY-IN-THE-HILLS, FL 34737

FEI Number: 20-8561382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFING, QUINN
602 CAMINO REAL
HOWEY IN THE HILLS, FL 34737 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
Name: GRIFFING ENTERPRISES, INC.
Address: 602 CAMINO REAL
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: MGR
Name: NARDONE FAMILY LIMITED LIABILITY PARTNERSH
Address: 5654 I GEORGE WASHINGTON DRIVE
City-St-Zip: ALEXANDRIA, VA 22312

Title: MGRM
Name: BUSINESS CONNECTIONS, INC.
Address: 1759 MADISON PI
City-St-Zip: BROOKLYN, NY 11229

Title: MGRM
Name: MELLILO, RAY
Address: 15 ESTATES DRIVE
City-St-Zip: OSSINING, NY 10562

Title: MGRM
Name: DT LAND INVESTMENTS, LLC
Address: 6 CAMINO REAL
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: MGRM
Name: TG WORLDWIDE, INC.
Address: 7013 15TH AVENUE
City-St-Zip: BROOKLYN, NY 11228

I hereby 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: JOEL GRIFFING

MGRM

04/17/2010

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