2008 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Apr 24, 2008 8:00 am Secretary of State
DOCUMENT # L07000055842 1. Entity Name CRF/MERG - NAVARRE, LLC				04-24-2008 90017 013 ***143.75
Principal Place of Business 500 SOUTH FLORIDA AVE. SUITE 700 LAKELAND, FL 33801 US		Mailing Address 500 SOUTH FLORIDA AVE. SUITE 700 LAKELAND, FL 33801 US		еоляяные Соляяные Соляяные
 Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 		3. Mailing Address Suite, Apt. #, etc.		-
City & State		City & State		4. FEI Number
Zip	Country Zip Coun		Country	5. Certificate of Status Desired 5. Certificate o
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
AIRTH, HAL A JR. 500 SOUTH FLORIDA AVE. SUITE 800 LAKELAND, FL 33801			Street Addres	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
the obligat	named entity submits this statement fillions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered Agent signature requ	ired when reinstating) DATE
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.7	5		Make check payable to Florida Department of State
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRF MANAGEMENT CO., INC. 500 SOUTH FLORIDA AVE., SL LAKELAND, FL 33801	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗖 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 🔲 Addition
TITLE NAME STREET ADDRESS C.#Y-ST-ZIP		Delete	TITLE NAME STREET ADDRESS C(TY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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.				
SIGNAT		Sellig- DF SIGNING MANAGING WENDER, MAN	AGER, OR AUTHC	5 Kelley 4/21/08 863.647.1581