


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90515 037 \*\*\*138.75

<b>DOCUMENT # L07000066874</b> 1. Entity Name <b>PALAZZO DI ORO TIC - CRISPIN, LLC</b>					
Principal Place of Business <b>1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619</b>			Mailing Address <b>1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number      Applied For 03202008      Chg-LLC      CR2E083 (12/06) <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      FL      Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CRISPIN INVESTMENTS, LLC 4566 THE WOLF LAW FIRM CARLSBAD, CA 92010</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Wah A. Wolf</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<i>TRUSTEE OF THE WOLF-GALLAGHER FAMILY TRUST, SOLE MEMBER OF TRI INVESTMENTS, LLC, which</i> Date: <i>4/28/08</i> Daytime Phone #: <i>760-720-1177</i>		

*is MANAGING MEMBER OF CRISPIN INVESTMENTS LLC*