## ₹2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

## Jan 24, 2008 8:00 am Secretary of State **DOCUMENT # L07000070431** 01-24-2008 90067 029 \*\*\*138 75 CREW MONEY LLC Mailing Address Principal Place of Business 1406 N. OCEAN BLVD. 5688 WIND DRIFT LN. POMPANO BEACH, FL 33062 BOCA RATON, FL 33433 60003496 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 26-0452964 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STUTCHIN, BURT Street Address (P.O. Box Number is Not Acceptable) 3603 S.E. 21ST PLACE CAPE CORAL, FL 33904-5023 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition SUNRISE GLOBAL MARKETING NAME 7044 CAMINO DE GRAZIA #221 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92111 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition JEWELS OF WISDOM, INC. NAME NAME 1406 N. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition BERRY, JOHN M 3091 N. COURSE DR. #806 STREET ADDRESS STREET ADDRESS CITY-SI-7IP POMPANO BEACH, FL 33069 CITY-ST-ZIP MGR STUTCHIN, BURT TITLE TITLE ☐ Change ☐ Addition 3603 S.E. 21STPLACE NAME NAME CAPE CORAL, FL 33904-5023 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE: ACCUPITED WIS SOME DAY DE DONNES JAM. 7, 2008 563-3913412
SIGNATURE OND TYPED OR PRINTED MANAGE OF SIGNING MANAGER, OR ANTHORIZED REPRESENTATIVE DATE DONNES DO

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.