## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## May 05, 2008 8:00 am Secretary of State **DOCUMENT # L07000093350** 04-09-2008 90126 004 \*\*\*138.75 1. Entity Name MARGARET CRAWFORD, LLC Principal Place of Business Mailing Address Juu -69 SCHOOL ROAD SANTA ROSA BEACH FL 32459 69 SCHOOL ROAD SANTA ROSA BEACH FL 32459 US 2. Principal Place of Business - No P.O. Ecs. # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For Not Applicable 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 Name CRAWFORD, MARGARET Street Address (P.O. Box Number is Not Acceptable) 69 SCHOOL ROAD SANTA ROSA BEACH FL 32459 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or polh, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Sq. above, making private some current region against and the discretization INOTE Registrant 4-yani sig lature rasulkati whan rametabagi FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILE MGRM Delete Mil ☐ Change ☐ Addition NAME CRAWFORD, MARGARET NAME 69 SCHOOL ROAD STREET ADDRESS STREET ACCRESS CITY-ST-ZIP SANTA ROSA BEACH FL 32459 CITY-ST-ZiP I:DF ☐ Delete TIFLE ☐ Chance ■ Addition HARE HAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-51-2(P Delete Ditt Addit on NAME NAME STREET APPORESS SIREFI ALIDEESS CITY-ST-7IP CITY: ST: ZPL TITLE Delete FITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ACCOPESS CITY-ST-ZIP CITY-51-2P TITLE Delete TITLE Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY+ST-ZIP TITLE Delete THE ☐ Change Addition | HALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

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