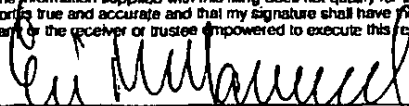


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-14-2008 90050 029 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000098437			
1. Entity Name CRAMI LLC			
Principal Place of Business 405 WEST CENTRAL PARKWAY SUITE 1000 ALTAMONTE SPRINGS, FL 32714 US		Mailing Address 405 WEST CENTRAL PARKWAY SUITE 1000 ALTAMONTE SPRINGS, FL 32714 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-3239759		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MELAMED, ELI 405 WEST CENTRAL PARKWAY SUITE 1000 ALTAMONTE SPRINGS, FL 32714		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: _____ Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)			
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR MELAMED, ELI MR. 405 WEST CENTRAL PARKWAY # 1000 ALTAMONTE SPRINGS, FL 32714 ☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR MELAMED, TAMI MS. 917 LOTUS VISTA DR. # 302 ALTAMONTE SPRINGS, FL 32714 ☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR CONDON-SIEGAL, CRAIG MR. 405 WEST CENTRAL PARKWAY # 1000 ALTAMONTE SPRINGS, FL 32714 ☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ 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.			
SIGNATURE:  mm		1/7/08 407-865-6300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	