

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008585

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** CR SOUTH, LLC

**Current Principal Place of Business:**

4100 CENTER POINTE DRIVE, SUITE 108  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4100 CENTER POINTE DRIVE, SUITE 108  
FORT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 26-2562297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER, DAVID K  
HENDERSON, FRANKLIN, STARNES & HOLT PA  
1648 PERIWINKLE WAY, STE. B  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** SCHAPIRO, J.M.  
**Address:** 1427 CLARKVIEW RD, SUITE 500  
**City-St-Zip:** BALTIMORE, MD 21209

**Title:** PRES  
**Name:** FORMAN, BRETT D  
**Address:** 1427 CLARKVIEW RD, SUITE 500  
**City-St-Zip:** BALTIMORE, MD 21209

**Title:** VP  
**Name:** LUETKEMEYER, JOHN A JR  
**Address:** 1427 CLARKVIEW RD, SUITE 500  
**City-St-Zip:** BALTIMORE, MD 21209

**Title:** VP  
**Name:** SCHAPIRO, J. MARK  
**Address:** 1427 CLARKVIEW RD, SUITE 500  
**City-St-Zip:** BALTIMORE, MD 21209

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MICHELE WILLIAMS

\_\_\_\_\_  
VAS

\_\_\_\_\_  
03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date