

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063321

Entity Name: CRS TANGLEWOOD, LLC

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

4100 CENTER POINTE DRIVE, STE. 108  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4100 CENTER POINTE DRIVE, STE. 108  
FORT MYERS, FL 33916

**New Mailing Address:**

FEI Number: 26-2903862

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: PRES  
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