## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000106235

Entity Name: CR TAMIAMI, LLC

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2400 A TAMIAMI TRAIL 2400 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 SUITE A PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** 2400 TAMIAMI TRAIL 2400 A TAMIAMI TRAIL SUITE A PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 FEI Number: 59-2235565 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIGGS, DON M RIGGS, DON M 2400 TÁMIAMI TRAIL 2400 A TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 SUITE A US PORT CHARLOTTE, FL 33952 US 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: 03/24/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: MGRM ( ) Change (X) Addition RIGGS, DON M Name: Name: Address: Address: 2400 TAMIAMI TRAIL, SUITE A City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33952 US ( ) Change (X) Addition Title: Title: MGRM ( ) Delete Name: Name: RIGGS, CHERYL H Address: Address: 2400 TAMIAMI TRAIL, SUITE A

City-St-Zip:

PORT CHARLOTTE, FL 33952 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DON M. RIGGS MGRM 03/24/2009