

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103634

**FILED  
Feb 15, 2012  
Secretary of State**

**Entity Name:** 500 CROCKETT, LLC

**Current Principal Place of Business:**

4201 W. NEW NOLTE ROAD  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 11037  
MURFREESBORO, TN 37129

**New Mailing Address:**

**FEI Number:** 27-3608044      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 750  
TAMPA, FL 33602 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:** MGR  
**Name:** TWO GRANDS, LLC  
**Address:** P O BOX 11037  
**City-St-Zip:** MURFREESBORO, TN 37129

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: STEVE STRAWN      MGR      02/15/2012

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