

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000169

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: CRUSADE INVESTMENTS, L.C.

**Current Principal Place of Business:**

103 RIVER HEIGHTS DR  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540206  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

FEI Number: 59-3366336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOVELL, RONALD D  
103 RIVER HEIGHTS DR  
COCOA, FL 32922 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 ( ) Delete  
Name: LOVELL, RONALD D  
Address: 103 RIVER HEIGHTS DR  
City-St-Zip: COCOA, FL 32922

Title: MGR ( ) Delete  
Name: LOVELL, JANIS A  
Address: 103 RIVER HEIGHTS DR  
City-St-Zip: COCOA, FL 32922

Title: MGR ( ) Delete  
Name: NERISSA, JOHNSON E  
Address: 8717 RENFREW PL  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD D LOVELL

MGR

04/26/2006

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