


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90180 010 ****50.00

DOCUMENT # L98000003472	
1. Entity Name CRM INVESTMENT GROUP, LLC	

Principal Place of Business 3001 PONCE DE LEON BLVD. SUITE 203 CORAL GABLES, FL 33134	Mailing Address 3001 PONCE DE LEON BLVD. SUITE 203 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 2151 S. LE JEUNE Rd. Suite, Apt. #, etc. #204 City & State CORAL GABLES, FL. Zip 33134 Country	3. Mailing Address 2151 S. LE JEUNE Rd. Suite, Apt. #, etc. SUITE 204 City & State CORAL GABLES, FL. Zip 33134 Country
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01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0885048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAUSER, CHARLES 3001 PONCE DE LEON BLVD SUITE 203 CORAL GABLES, FL 33134 	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2151 S. LE JEUNE Rd. #204 City CORAL GABLES FL Zip Code 33134
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CHARLES R. HAUSER DATE 2/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUSER, CHARLES R 3001 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2151 S. LE JEUNE Rd. #204 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  CHARLES R. HAUSER DATE 2.5.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE