2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90192 036 ****55.00 DOCUMENT # L99000003667 CRUM PROPERTIES LLC 40041932 Principal Place of Business Mailing Address 100 MISSOURI AVENUE 100 MISSOURI AVENUE CLEARWATER, FL 33756 US CLEARWATER, FL 33756 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03282006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 59-3598349 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYNN, ELISE B 100 S. MISSOURI AVENUE Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33756 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee Is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Change Addition TITLE □ Delete TITLE CRUM, FRANK W SR NAME NAME STREET ADDRESS 100 MISSOURI AVENUE STREET ADDRESS CITY-SI-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP Delete TITLE Addition THLE NAME CRUM, FRANK W JR NAME STREET ADDRESS 100 MISSOURI AVENUE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP ☐ Defete TITLE Сhange ■ Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7iP

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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes. FRANK W CRUM TR

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE MAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

MGR MEMBER

☐ Change

☐ Change

Addition

☐ Addition

FILED