2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L9900005445 1. Entity Name CRAYTHORNE, L.L.C.

Principal Place of Business

613 MAGNOLIA AVE, SUITE 1 TAMPA, FL 33606 Mailing Address

613 MAGNOLIA AVE, SUITE 1 TAMPA, FL 33606 FILED Mar 21, 2007 08:00 AM Secretary of State



DATE

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01312007 No Chg-LLC

CR2E083 (11/05)

FEI Number
 59-3595301

Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or conted have of registered agent and title if applicable

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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| | 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. |
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(NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS/MANAGERS | | |
|---|--|--|
| TITLE , NAME STREET ADDRESS CITY-ST-ZIP | MGRM CRAYTHORNE, C. BARRY MD 613 S. MAGNOLIA AVE, SUITE 1 TAMPA, FL 33606 | |
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

2/12/07

Daytime Phone #