

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005445

Entity Name: CRAYTHORNE, L.L.C.

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

613 MAGNOLIA AVE, SUITE 1  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

613 MAGNOLIA AVE, SUITE 1  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 59-3595301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM  
Name: CRAYTHORNE, C. BARRY MD  
Address: 613 S. MAGNOLIA AVE, SUITE 1  
City-St-Zip: TAMPA, FL 33606

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: C. BARRY CRAYTHORNE, MD

MGRM

02/17/2012

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