

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # M00000002087**

**1. Entity Name  
CRANE'S STATIONERS, L.L.C.**



**Principal Place of Business**

**SPACE 1228, TOWN CENTER AT BOCA RATON  
6000 WEST GLADES RD  
BOCA RATON, FL 33431**

**Mailing Address**

**30 SOUTH STREET  
DALTON, MA 01226**



04252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
06-1551798

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HALLORAN, LINA  
SPACE 1228, TOWN CENTER AT BOCA RATON  
6000 WEST GLADES ROAD  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

**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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>M</b>
<b>NAME</b>	<b>CRANE &amp; CO., INC.</b>
<b>STREET ADDRESS</b>	<b>30 SOUTH STREET</b>
<b>CITY-ST-ZIP</b>	<b>DALTON, MA 01226</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000359586  
05/04/05-80159-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Arthur J. Blum*

**Arthur J. Blum**

**4/26/05**

**(413)  
684-6224**

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

Date

Daytime Phone #