

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/12

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90026 014 \*\*\*\*55.00

<b>DOCUMENT # M03000002822</b> 1. Entity Name <b>CROAKER INVESTMENTS, LLC</b>			
Principal Place of Business <b>102 INTREPID STREET NEWPORT BEACH, FL 92663</b>		Mailing Address <b>102 INTREPID STREET NEWPORT BEACH, FL 92663</b>	
2. Principal Place of Business <b>2865 Cypress Trace Cir #104</b>		3. Mailing Address <b>P.O. Box 16025</b>	
Suite, Apt. #, etc. <b>#104</b>		Suite, Apt. #, etc. 	
City & State <b>Naples, FL</b>		City & State <b>Newport Beach, CA</b>	
Zip <b>34119</b>		Zip <b>92659</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FFI Number <b>20-0191591</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>Cynthia Young-West, Mgr</b> DATE <b>4/8/04</b>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR YOUNG-WEST, CYNTHIA 102 INTREPID STREET NEWPORT BEACH, FL 92663</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Young West, Cynthia 102 Intrepid Street Newport Beach, CA 92663</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JONES, ROYCE A 102 INTREPID STREET NEWPORT BEACH, FL 92663</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Jones, Royce A. 102 Intrepid Street Newport Beach, CA 92663</b>
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
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 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: <b>Cynthia Young-West, Mgr</b>		Date: <b>4/8/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

**34004783**



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