

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90076 043 *****50.00

DOCUMENT # M03000004180

1. Entity Name
CRANE CREEK FUNDING, L.L.C.



Principal Place of Business

**3700 34TH ST.
ORLANDO, FL 32805**

Mailing Address

**3700 34TH ST.
ORLANDO, FL 32805**

2. Principal Place of Business

3700 34th Street

3. Mailing Address

3700 34th Street

Suite, Apt. #, etc.

Suite 135

Suite, Apt. #, etc.

Suite 135

City & State

Orlando

City & State

Orlando

Zip

32805

Country

Orange

Zip

32805

Country

Orange

04262004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3471075

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOUGLAS, ALEXANDER S
280 W. CANTON AVE, STE 410
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
LANCE, RANDY
3700 34TH ST.
ORLANDO, FL 32805**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

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

Date

Daytime Phone #