05/01/2007 03:42 2456014 DIRECTOR'S

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90423 011 ****50.00

DOCUMENT # M05000002050

1. Entity Name: Crane Inspection & Certification Bureau, LLC

60050708

CR2E083B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5744 South Semoran Blvd	10497 Town & Country Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 600
City & State: Orlando FL	City & State: Houston TX
Zip: 32822 Country: USA	Zip: 77024 Country: USA

4. FEI Number: 76-0625408 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Craig Epperson 10497 Town & Country Way Ste 600 Houston TX 77024	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Steve Paulson 10497 Town & Country Way Ste 600 Houston TX 77024	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bernard Paulson 3 Ocean Park Dr Corpus Christi TX 78404	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
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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: Craig Epperson 5-1-07 713-860-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #