


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 036 ***138.75

DOCUMENT # M05000005079	
1. Entity Name CRAWFORD CAPITAL LLC	

Principal Place of Business 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110	Mailing Address 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110
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60021815



2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610	3. Mailing Address 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610
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03052008 Chg-LLC CR2E083 (12/06)

City & State Naples, FL	City & State Naples, FL
Zip 34108	Zip 34108
Country USA	Country USA

4. FEI Number 20-2673343	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAWFORD, RICHARD S 3000 IMMOKALEE ROAD, SUITE 5 NAPLES, FL 34110	
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7. Name and Address of New Registered Agent Name Crawford, Richard S. Street Address (P.O. Box Number is Not Acceptable) 999 Vanderbilt Beach Road Suite 610 City Naples FL Zip Code 34108	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	999 Vanderbilt Beach Rd., Suite 610 Naples FL 34108 <input checked="" 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
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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 exemptions contained in Chapter 119, 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: 	Date 3/19/08	Daytime Phone # 239-593-6160
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