


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-11-2008 90174 015 ***138.75

DOCUMENT # M05000005080	
1. Entity Name CRAWFORD FINANCIAL 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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60021836



2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd.	3. Mailing Address 999 Vanderbilt Beach Rd.
Suite, Apt. #, etc. Suite 610	Suite, Apt. #, etc. Suite 610
City & State Naples, FL	City & State Naples, FL
Zip 34108	Zip 34108
Country U.S.A.	Country U.S.A.

03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2673393	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Crawford, Richard S. Street Address (R.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

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

(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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD CAPITAL LLC 20844 HARPER AVENUE, SUITE 300 HARPER WOODS, MI 48225 <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
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 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:

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

3/19/08

Date

239-543-6160

Daytime Phone #