


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000179 1. Entity Name CRAWFORD-SCHARSCHMIDT, LLC	
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Principal Place of Business 45 ST. FRANCIS BLVD SAN FRANCISCO, CA 94127	Mailing Address 45 ST. FRANCIS BLVD SAN FRANCISCO, CA 94127
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 37-1508310	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

LEE, TOMMY
 % AA ASSOCIATES REALY
 831 CAPE CORAL PARKWAY
 CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRAWFORD, PEGGY S 45 ST. FRANCIS BLVD SAN FRANCISCO, CA 94127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHARSCHMIDT, BRUCE 45 ST. FRANCIS BLVD SAN FRANCISCO, CA 94127
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 01/23/08-80051-001 138.75

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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: Bruce Scharschmidt JANUARY 16, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #