2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# M06000000614

Entity Name: CRCI, LLC

Current Principal Place of Business:

6655 WEST SAHARA AVE., SUITE B-102
LAS VEGAS, NV 89146

New Principal Place of Business:

Current Mailing Address:

6655 WEST SAHARA AVE., SUITE B-102
LAS VEGAS, NV 89146

New Mailing Address:

PO BOX 11875
DAYTONA BEACH, FL 32120

FEI Number: 20-1239792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZIONIC MANAGEMENT INC.
Address: 6655 W. SAHARA AVE., SUITE B-102
City-St-Zip: LAS VEGAS, NV 89146

Title: MGR ( ) Delete
Name: COLLINS, CHADD R MGR
Address: 6655 W. SAHARA AVE., SUITE B-102
City-St-Zip: LAS VEGAS, NV 89146

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: COLLINS, CHADD R MGR
Address: PO BOX 11875
City-St-Zip: DAYTONA BEACH, FL 32120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHADD COLLINS MGR 05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date