

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003045

Entity Name: CFS - CROWE CHIZEK, L.L.C.

FILED  
Jan 05, 2012  
Secretary of State

**Current Principal Place of Business:**

6750 N. ANDREWS AVE. SUITE 200  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

401 E. LAS OLAS BOULEVARD  
SUITE 1100  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

6750 N. ANDREWS AVE. SUITE 200  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

401 E. LAS OLAS BOULEVARD  
SUITE 1100  
FT. LAUDERDALE, FL 33301

FEI Number: 35-1949708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHER, ANDREA  
6750 N. ANDREWS AVE. SUITE 200  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

FISHER, ANDREA  
401 E. LAS OLAS BOULEVARD  
SUITE 1100  
FT. LAUDERDALE, FL 33301 US

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

01/05/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCGRATH, J. KEVIN  
Address: 3815 RIVER CROSSING PARKWAY SUITE 300  
City-St-Zip: INDIANAPOLIS, IN 46240

I hereby 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: J. KEVIN MCGRATH

MGRM

01/05/2012

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