

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92054

FILED
Jan 05, 2011
Secretary of State

Entity Name: ROBERT L. CRANE, P.A.

Current Principal Place of Business:

% ROBERT L. CRANE
515 N. FLAGLER DR. SUITE 1800
WEST PALM BEACH, FL 33401

New Principal Place of Business:

% ROBERT L. CRANE
515 N. FLAGLER DR. SUITE 2000
WEST PALM BEACH, FL 33401

Current Mailing Address:

% ROBERT L. CRANE
515 N. FLAGLER DR. SUITE 1800
WEST PALM BEACH, FL 33401

New Mailing Address:

% ROBERT L. CRANE
515 N. FLAGLER DR. SUITE 2000
WEST PALM BEACH, FL 33401

FEI Number: 65-0075247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANE, ROBERT L.
515 N. FLAGLER DR.
SUITE 1800
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CRANE, ROBERT L.
515 N. FLAGLER DR.
SUITE 2000
WEST PALM BEACH, FL 33401 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:

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS
Name: CRANE, ROBERT L.
Address: 515 N. FLAGLER DR. #2000
City-St-Zip: W. PALM BEACH, FL 33401

Title: T
Name: CRANE, ROBERT L.
Address: 515 N. FLAGLER DR. #2000
City-St-Zip: W. PALM BEACH, FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. CRANE

DPST

01/05/2011

Electronic Signature of Signing Officer or Director

Date