

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001485

FILED
Feb 16, 2007
Secretary of State

Entity Name: CRR FINANCIAL SERVICES, LLC

Current Principal Place of Business:

5264 DAWES AVE
ALEXANDRIA, VA 223111404

New Principal Place of Business:

Current Mailing Address:

5264 DAWES AVE
ALEXANDRIA, VA 223111404

New Mailing Address:

FEI Number: 54-1920033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VARBLOW, CARL R
Address: 5264 DAWES AVENUE
City-St-Zip: ALEXANDRIA, VA 223111404

Title: MGRM () Delete
Name: VARBLOW, ROLAND C
Address: 5264 DAWES AVENUE
City-St-Zip: ALEXANDRIA, VA 223111404

Title: MGRM () Delete
Name: VARBLOW, CONRAD R
Address: 12700 THUNDER CHASE DRIVE
City-St-Zip: RESTON, VA 20191

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: VARBLOW, CONRAD R
Address: 21963 HYDE PARK DRIVE
City-St-Zip: ASHBURN, VA 20147-691

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL R. VARBLOW

MGRM

02/16/2007

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