

No. W 43969	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CROMARTY ENTERPRISE, LLC SCOTT GRAVES 3908 GARDENWOOD CIRCLE GRANT FL 32907		PARK PLACE PROPERTY MANAGEMENT 5513 W KENDALL ST BOISE ID 83706			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	SCOTT A GRAVES	3908 GARDENWOOD CIRCLE	GRANT	FL		32949
5. Organized Under the Laws of: ID W 43969		6. Annual Report must be signed.* Signature: Scott Graves Name (type or print): Scott Graves		Date: 11/28/2016 Title: Manager		
Processed 11/28/2016		* Electronically provided signatures are accepted as original signatures.				