


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039844
1. Entity Name
CREST MOUNTAIN, LLC



Principal Place of Business
2801 PONCE DE LEON BLVD., SUITE 1000
CORAL GABLES, FL 33134

Mailing Address
2801 PONCE DE LEON BLVD., SUITE 1000
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



03212006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1175377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000499561
04/24/06-80032-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, FIDEL A 2121 DOUGLAS ROAD MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, JULIAN J 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.

SIGNATURE: Julian J Rodriguez 4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #