


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2007 8:00 am
Secretary of State

06-29-2007 90025 009 ****50.00

DOCUMENT # M05000000833 1. Entity Name TA CRESTHAVEN, LLC	
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Principal Place of Business 2601 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415	Mailing Address 2601 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415
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DO NOT WRITE IN THIS SPACE

40122201



05242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 34-1995692	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE REALTY ASSOCIATES FUND VII LP 28 STATE ST., 10TH FL BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 608, Florida Statutes.

SIGNATURE: Michael Ruane Michael Ruane 5/25/07 617 476 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #