

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000149783

Entity Name: CRIMSON PALM CIRCLE WEST, LLC**Current Principal Place of Business:**4675 MACARTHUR COURT
SUITE 1550
NEWPORT BEACH, CA 92660**Current Mailing Address:**4675 MACARTHUR COURT
SUITE 1550
NEWPORT BEACH, CA 92660 US**FEI Number:** 27-3055615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|----------------------------------|
| Title | MGR |
| Name | SABAL FINANCIAL GROUP, L.P. |
| Address | 4675 MACARTHUR COURT, SUITE 1550 |
| City-State-Zip: | NEWPORT BEACH CA 92660 |

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|-----------------|---------------------------------|
| Title | MANAGER |
| Name | JACKSON, R. PATTERSON |
| Address | 4675 MACARTHUR COURT SUITE 1550 |
| City-State-Zip: | NEWPORT BEACH CA 92660 |

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|-----------------|---------------------------------|
| Title | MANAGER |
| Name | CONNAUGHTON, MAUREEN |
| Address | 4675 MACARTHUR COURT SUITE 1550 |
| City-State-Zip: | NEWPORT BEACH CA 92660 |

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|-----------------|---------------------------------|
| Title | MANAGER |
| Name | WARWICK, RON |
| Address | 4675 MACARTHUR COURT SUITE 1550 |
| City-State-Zip: | NEWPORT BEACH CA 92660 |

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|-----------------|---------------------------------|
| Title | MANAGER |
| Name | ABRAHAM, SAMUEL |
| Address | 4675 MACARTHUR COURT SUITE 1550 |
| City-State-Zip: | NEWPORT BEACH CA 92660 |

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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL ABRAHAM

MANAGER

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date