2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Mar 10, 2008 08:00 A Secretary of State

| DOCUMENT # Â29876 | | | | |
|-------------------|------|-------|-------|----|
| | DOCI | IMENT | #A298 | 76 |

1. Entity Name

CRESTHAVEN ASSOCIATES, LTD.



Principal Place of Business

Mailing Address

2500 WESTON ROAD #302 WESTON, FL 33331

2500 WESTON ROAD #302 WESTON, FL 33331



02072008 No Chg-LP

CALSTONIEN GAST

WAGTING

CR2E003 (12/06)

Applied For 4. FEI Number 65-0188055 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MESSING, ELLIOTT 2500 WESTON ROAD #302 WESTON, FL 33331

SIGNATURE:

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 - | Signature, typed or printed name of registered agent and title if applicable | DATE | | | |
| | digitable, typed of princes halfe of regulated agent and the Copposition | | | | |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. | GENERAL PARTNER INFORMATION | · · · · · · · · · · · · · · · · · · · | | | |
| DOCUMENT # | P94000043040 | | | | |
| NAME | CRESTHAVEN EAST MANAGEMENT, INC. | | | | |
| STREET ADDRESS | 2500 WESTON ROAD #302 | U00000854290 03/27/08-80002-001 500.00 | | | |
| CITY-ST-ZIP | WESTON, FL 33331 | 03/27/08-80002-001 500.00 | | | |
| DOCUMENT # | | | | | |
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| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
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| CITY-ST-ZIP | | 11 | | | |
| 14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empawered to execute this report as required by Chapter 620, Florida Statutes. | | | | | |