2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

CHECK

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A31330 1. Entity Name CRAST MANAGEMENT, A LIMITED FAMILY 08 APR 25 AM 10: 43 **PARTNERSHIP** Principal Place of Business Mailing Address 2818 SCOBEE DR 2818 SCOBEE DR PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3012720 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARGOLIN, JERRY A. Street Address (P.O. Box Number is Not Asceptable) 2818 Scobee Drive 2410 MARGOLIN LANE CLEARWATER, FL 33764 City Palm Zip Code 3 4 6 8 3 Chor 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 egent. 4-21-08 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME MARGOLIN, JERRY A. STREET ADDRESS 2818 SCOREE DR CITY-ST-71P CITY-ST-ZIP PALM HARBOR, FL 34683 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

4-21-08

FILED