
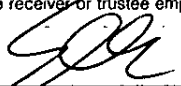


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000002653</b>		
1. Entity Name <b>CREST HOLDING, L.L.C.</b>		
Principal Place of Business <b>106 NW DRANE STREET PLANT CITY, FL 33563</b>		Mailing Address <b>106 NW DRANE STREET PLANT CITY, FL 33563</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01232008No Chg-LLC CR2E083 (12/07)
4. FEI Number <b>59-3627991</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>ROOKS, EDWARD M 106 NW DRANE STREET PLANT CITY, FL 33563</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROOKS, EDWARD M 106 NW DRANE STREET PLANT CITY, FL 33563</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROOKS, ISAAC F JR 106 NW DRANE STREET PLANT CITY, FL 33563</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: 		1/24/08 813-752-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #