


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90300 019 \*\*\*\*50.00

<b>DOCUMENT # L02000011281</b>	
<b>1. Entity Name</b> CRESTHAVEN EAST, LLC	

<b>Principal Place of Business</b> 5100 CRESTHAVEN BLVD. WEST PALM BEACH, FL 33415	<b>Mailing Address</b> 5100 CRESTHAVEN BLVD. WEST PALM BEACH, FL 33415
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 32-0012534	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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**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 (NOTE: Registered Agent signature required when remitting) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	CE ASSOCIATES, INC.
<b>STREET ADDRESS</b>	5100 CRESTHAVEN BLVD
<b>CITY-ST-ZIP</b>	WEST PALM BEACH, FL 33415
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**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:** *CRESTHAVEN EAST, LLC*  
*CE ASSOCIATES, INC. MANAGING MEMBER*  
*3/1/07*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE** **DATE** **Daytime Phone #**