2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000017445

1. Entity Name

RSJ CRESTVIEW, L.L.C.



FILED Apr 14, 2006 08:00 AN **Secretary of State**

Principal Place of Business

ATTN: RICHARD S. JOHNSON 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401

Mailing Address

ATTN: RICHARD S. JOHNSON 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401



02172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 27-0027788 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD S 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401

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| | e named entity submits this statement for the purpose of char tions of registered agent. | nging its registered office or registered agent, or b | oth, in the State of Florida. I am familiar with, and acc |
|--|---|--|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE. Registered Agent signature required when reinstating) | DATE |
| F | iling Fee is \$50.00 ue by May 1, 2006 | | ###################################### |
| 9. | MANAGING MEMBERS/MANAGERS | | Q 13 Late 200 200 2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSON, RICHARD S 505 S FLAGLER DR STE 1010 WEST PALM BEACH, FL 33401 | | |
| TITLE Name Street address City-St-Zip | | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | |
| TITLE Name Street address City-ST-ZIP | | IN | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

11. 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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561.655.7200

Dayûme Phone #