

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90076 030 \*\*\*\*55.00

<b>DOCUMENT # L03000014975</b>					
<b>1. Entity Name</b> CR-57, LLC					
<b>Principal Place of Business</b> 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805			<b>Mailing Address</b> 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805		
<b>2. Principal Place of Business</b> 1100 Town Plaza Ct. <small>Suite, Apt. #, etc.</small> 2010			<b>3. Mailing Address</b> Same as #2 <small>Suite, Apt. #, etc.</small>		
<b>City &amp; State</b> Winter Springs, FL			<b>4. FEI Number</b> 20-0688432		
<b>Zip</b> 32708 <b>Country</b> USA			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  HAGEN, DEBORAH D 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><b>DATE</b> _____</span>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> HAGEN CUSTOM HOMES, LLC 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> JORDAN EDVENTURES, LLC 800 WESTWOOD SQUARE, SUITE E OVIEDO, FL 32765	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<b>Date</b> _____ <b>Daytime Phone #</b> _____	

**34006145**



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