

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033797

FILED
May 17, 2005
Secretary of State

Entity Name: CRIMSON TIDE PROPERTIES, LLC

Current Principal Place of Business:

901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 14-1894288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, RICHARD T
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DAVIS, RICHARD T ESQ
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: RICHARD T. DAVIS, ESQ.

05/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DAVIS, RICHARD T
Address: 901 N. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR () Delete
Name: DICHARA, RONALD L
Address: 901 N. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD T. DAVIS

MGRM

05/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date