2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033988

Entity Name: CRYSTAL RIVER PLAZA, LLC

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5037 WILLOW OAK LANE SPRING HILL, FL 34607 **Current Mailing Address: New Mailing Address:** PO BOX 6138 SPRING HILL, FL 34606 FEI Number: 20-0212489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VENTO, JOHN S 5060 PINELAKE RD WESLEY CHAPEL, FL 33543 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: MGRM () Delete (X) Change () Addition MESSIN, SAR Name: MESSIN SAL Name: 5037 WILLOW OAK LN. Address: 5037 WILLOW OAK LN. Address: SPRING HILL, FL 34607 City-St-Zip: City-St-Zip: SPRING HILL, FL 34607 Title: MGRM () Delete Title: () Change () Addition MESSINA, SUNDAY Name: Name: Address: 5037 WILLOW OAK LN Address: City-St-Zip: SPRING HILL, FL 34607 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VENTO, JOHN S Name: Name: Address: 5060 PINE LAKE RD. Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VENTO, JACQUELINE Name: 5060 PINE LAKE RD. Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AMON, JOSEPH A Name: Name: 18730 FOREST GLEN CT Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AMON, DEBBY Name: Name: Address: 18730 FOREST GLEN CT Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SAL L MESSINA MGRM 01/25/2007