

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033988

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: CRYSTAL RIVER PLAZA, LLC

**Current Principal Place of Business:**

5037 WILLOW OAK LANE  
SPRING HILL, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

5437 SPRING HILL DR  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 20-0212489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VENTO, JOHN S  
5060 PINELAKE RD  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: MESSIN, SAL  
Address: 5037 WILLOW OAK LN.  
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM ( ) Delete  
Name: MESSINA, SUNDAY  
Address: 5037 WILLOW OAK LN  
City-St-Zip: SPRING HILL, FL 34607

Title: MGRM ( ) Delete  
Name: VENTO, JOHN S  
Address: 5060 PINE LAKE RD.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM ( ) Delete  
Name: VENTO, JACQUELINE  
Address: 5060 PINE LAKE RD.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM ( ) Delete  
Name: AMON, JOSEPH A  
Address: 18730 FOREST GLEN CT  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: AMON, DEBBY  
Address: 18730 FOREST GLEN CT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

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

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

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

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

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 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

MNGR

03/23/2009

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