

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90182 005 ****50.00

60040013



DOCUMENT # L03000034722	
1. Entity Name CRYSTAL LAKE AT ORLANDO, LLC	



Principal Place of Business 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308	Mailing Address 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308
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2. Principal Place of Business 6550 N FEDERAL Suite, Apt. #, etc. SUITE 220 City & State FT. LAUD, FL Zip 33308 Country USA	3. Mailing Address 6550 N FEDERAL Suite, Apt. #, etc. SUITE 220 City & State FT LAUD FL Zip 33308 Country USA
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02242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0585866	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR., ESQ C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent Name FRAZIER, ROBERT W JR. Street Address (P.O. Box Number is Not Acceptable) 6550 N FEDERAL HIGHWAY SUITE 220 City FT. LAUD FL Zip Code 33308
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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. SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, HARVEY D 3463 WEST FLAGLER STREET MIAMI, FL 33135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	3/18/05 Date	Daytime Phone #
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