


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90177 024 ****50.00

DOCUMENT # L03000036421	
1. Entity Name CRESCENT BEACH VENTURES, LLC	

Principal Place of Business 1820 S. ATLANTIC AVE. COCOA BEACH FL 32931	Mailing Address PO BOX 320640 COCOA BEACH FL 32932
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 118 CARDINAL ST. Suite, Apt. #, etc.	
City & State		City & State COCOA BEACH FL	
Zip 32931	Country USA	4. FEI Number 13-4266177	



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent DIX, BARRY-W 3360 S. ATLANTIC AVENUE UNIT 111 COCOA BEACH FL 32931		7. Name and Address of New Registered Agent Name BARRY W. DIX Street Address (P.O. Box Number is Not Acceptable) 118 CARDINAL ST. City COCOA BEACH FL Zip Code 32931	
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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 *Barry W. Dix* (NOTE: Registered Agent signature required when reinstating) DATE 2/7/05

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIX, BARRY W 3360 S. ATLANTIC AVENUE, UNIT 111 COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, MARK 3360 S. ATLANTIC AVENUE, UNIT 111 COCOA BEACH FL 32931 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Barry W. Dix* DATE 2/7/05 PHONE (321) 720-5964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE