2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2007 8:00 am Secretary of State

Principal Place of Business Malling Address	DOCUMENT # L03000036421 1. Entity Name CRESCENT BEACH VENTURES, LLC					04-03-200	7 90124 042 ****	* 50.00
Surier, Appl. 4, etc. Suite, Appl. 4, etc. Suite, Appl. 4, etc. Q2122007 Chg.LLC CR2E683 (12706) City & State City & State 4. FEI Number 13-4266177 No. Applicable For 13-4266177 St. Certificate of Sinus Desired \$5.00 Applicable Fee Required	118 CARDINA	AL ST	118 CARDINAL ST	31				
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
13-4266177 Not Applicable	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122007	Chg-LLC	CR2E083 (12/06)	
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Name	Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	ditional d
DIX. BARRY W 118 CARDINAL ST COCOA BEACH, FL 32931 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State Till		6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New R	egistered Agent	
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the ob	118 CARD	INAL ST	\ \ \	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Signature, highest or perined risms of regulatered agent processing of the policies and the process of the process o						we	FL Zig Cod	- ()
Filing Feo is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR DIX, BARRY W SIRET ADDRESS CITY-ST-2P TITLE MGR WELSH, KEN SIRET ADDRESS CITY-ST-2P TITLE MGR MALE MAKE SIRET ADDRESS CITY-ST-2P TITLE MGR MELBOURNE, FL 32934 TITLE MGR MELBOURNE, FL 32934 TITLE MGR MELBOURNE, FL 32934 TITLE MGR MALE SIRET ADDRESS CITY-ST-2P TITLE MGR MELBOURNE, FL 32934 TITLE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADD	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.							
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE DIX, BARRY W Delete DIX, BARRY W 118 CARDINAL ST STREET ADDRESS CITY-ST-ZIP TITLE MGR DELECTORY STAPE DELETE DE	SIGNATURE Signature, typed or printed name of registered agenyand title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE							
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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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

3/8/07 321-757-738