2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State 08-23-2004 90152 027 ****50.00

	a ANNUAL	REPORT			Secret	ary oi	10	ale
DOCUMENT # L0300045756 1. Entity Name PARKCREST HARBOUR ISLAND, LLC)		4 901 52 027		
Principal Place of Business 201 EAST KENNEDY BLVD. SUITE 950 TAMPA, FL 33602		Mailing Address 201 EAST KENNEDY BLVD. SUITE 950 TAMPA, FL 33602			[8] 8 141 8 14 8 14 15	(1. 46 ()6 8 (63) 6 4() (14 1	El e nh e e ne	is e nii l es i
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08162004	Chg-LLC	CR2E083 (1	10/03)	
City & State		City & State		4. FEI Numbe	83-037	8384		olied For Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		00 Addit	
		egistered Agent		-7. Name and	Address of New R	legistered Agen		
TAYLOR (SINDA K		Name					
TAYLOR, CINDY K 201 EAST KENNEDY		Street Address		(P.O. Box Number is Not Acceptable)				
SUITE 950 TAMPA, FL 33602				Zip Code				
		 	City					
	named entity submits this statement for ions of registered agent.	the purpose of changing its i	egistered office or regist	tered agent, or bot	n, in the State of Fid	orida. Tam tamili	iar with, a	and accept
SIGNATURE :	Signature, typed or printed name of registered agent an	d title if applicable(NOTE	Pagistand Agent signature requir	1. 1. 1. <u>200 a. 5.</u> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		<u> </u>		
CHAPTER SELLING Fee is \$50.00 Due by September 8, 2004		a pag ii debasenier .) (u.e. ie.	. negistereti Agent signistore redoi	red when reinstating)	ப் கொருமாக "	DATE) . i	b1
. 1978 Tal. Fil	ing Fee is \$50.00 by September 8, 2004		Costs and Agent sign action or require	red when reinstating)	Mak	ke check payal a Department		estable 18
. 1978 Tal. Fil	y September 8, 2004		1. (a)		Mak	ke check payal a Department		Action 19 19 19 19 19 19 19 19 19 19 19 19 19
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Due to serve	y September 8, 2004 MANAGING MEMBER	S/MANAGERS Delete ISLAND, LLC	10		Mak Florid	ce check payal a Department	of State	, , , , , , , , , , , , , , , , , , ,
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1. 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: CONTINUED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dato Dayline Phone #