

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90338 018 ****50.00

DOCUMENT # L04000004441

1. Entity Name
CRI PALM LAKE, LLC



Principal Place of Business
**45310 AMBERLY DR
SUITE 250
TAMPA, FL 33647 US**

Mailing Address
**6508 EAST FOWLER AVENUE
TAMPA, FL 33617 US**

60000000



2. Principal Place of Business - No P.O. Box #
2330 W. Horatio St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State
Tampa, FL

City & State

4. FEI Number
20-0809857

Applied For
Not Applicable

Zip
33609

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEDKE, MICHAEL A
C/O PIPER RUDNICK LLP
101 E KENNEDY BLVD, STE. 2000
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALLACE, DONALD
6130 LAZY DAYS BOULEVARD
SEFFNER, FL 33584** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WACKSMAN, BENJAMIN
16310 AMBERLY DR., STE 250
TAMPA, FL 33647** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2330 W. Horatio St.
Tampa, FL 33609** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ben Wacksmann* **BENJAMIN WACKSMAN** 4/13/07 (813) 985-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #