


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90126 023 ****50.00

DOCUMENT # L04000037475

1. Entity Name
 CRYSTAL RIVER PARTNERS, LLC



20025577

Principal Place of Business
 1701 S.E. FORT KING ST
 OCALA, FL 34471

Mailing Address
 PO BOX 1479
 OCALA, FL 34478



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-1143970

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GALLOWAY, MARY C
 1701 S.E. FORT KING ST
 OCALA, FL 34471

7. Name and Address of New Registered Agent

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.

DEPARTMENT OF STATE
 FOR DEPOSIT ONLY
 ACCT.# T009068796

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

MAR 31 2005 Mark payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Managing member
STREET ADDRESS	1701 SE Fort King St
CITY-ST-ZIP	Ocala FL 34471
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Mary C Galloway MCR 3-29-05 352-867-0628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #