

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000049182

Entity Name: CRYSTAL GROVES LLC

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

250 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 US

**New Mailing Address:**

FEI Number: 41-2142718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, LINDA P  
250 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRIFFIN, ROBERT B  
Address: 19601 CRESCENT RD  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR ( ) Delete  
Name: GRIFFIN, LINDA P  
Address: 19601 CRESCENT RD  
City-St-Zip: ODESSA, FL 33556 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA P. GRIFFIN

MGR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date