


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90027 002 \*\*\*\*50.00

**DOCUMENT # L04000061974**

1. Entity Name  
**CRD TERRA PINES, LLC**



Principal Place of Business      Mailing Address  
 % CHRISTOPHER C. DOSTIE      % CHRISTOPHER C. DOSTIE  
 9310 OLD KINGS ROAD, SOUTH, SUITE 180      9310 OLD KINGS ROAD, SOUTH, SUITE 180  
 JACKSONVILLE FL 32257      JACKSONVILLE FL 32257



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1803**      **1803**

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/04)

4. FEI Number      Applied For  
**20-1966508**      Not Applicable

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
<b>DOSTIE, CHRISTOPHER C</b> <b>9310 OLD KINGS ROAD, SOUTH, SUITE 1803</b> <b>JACKSONVILLE FL 32257</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSTIE, CHRISTOPHER C	NAME	
STREET ADDRESS	9310 OLD KINGS ROAD, SOUTH, SUITE 1803	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RICHARD R. DOSTIE
STREET ADDRESS		STREET ADDRESS	9310 OLD KINGS RD S. #1803
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:       3/28/05 (904) 739-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #