### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L04000073626**

1. Entity Name

CRESCENT MOON RESIDENTIAL PROPERTIES, LLC



FILED Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

206 SOUTH RHODES STREET MT. DORA, FL 32757 US

P.O. BOX 31

MOUNT DORA, FL 32756 US



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1727310 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINK, ROY

206 SOUTH RHODES STREET

MT. DORA, FL 32757

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8.	<ul> <li>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.</li> </ul>	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

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000786674 01/17/08-80048-015 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINK, ROY 208 SOUTH RHODES STREET MT. DORA, FL 32757
TITLE NAME STREET ADORESS CATY-ST-ZIP	MGRM FIAT LUX, LT 3822 VISTA AZUL SAN CLEMENTE, CA 92672
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

PRINTED NAME OF EIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATION

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Daytime Phone #