## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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## DOCUMENT # L04000082003

CRESTVIEW RETAIL II, L.L.C.



**FILED** Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

P.O. BOX 85

WEST PALM BEACH, FL 33402

Mailing Address

P.O. BOX 85

WEST PALM BEACH, FL 33402



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03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1882113 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401

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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, 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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, SCOTT A P.O. BOX 85 WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, RICHARD S JR P.O. BOX 85 WEST PALM BEACH, FL 33402
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #