

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90099 006 \*\*\*\*50.00

<b>DOCUMENT # L04000088429</b> 1. Entity Name <b>CRESCENT BEACH INVESTMENT MANAGEMENT, LLC</b>					
Principal Place of Business <b>7418 A1A SOUTH ST. AUGUSTINE, FL 32080</b>			Mailing Address <b>PMB 439 1093 A1A VEACH BLVD. ST. AUGUSTINE, FL 32080</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PMB 439</b> <b>1093 A1A BEACH BLVD</b>			
City & State <b>ST. AUGUSTINE, FL</b>		City & State <b>ST. AUGUSTINE, FL</b>		4. FEI Number <b>20-1968359</b>	
Zip <b>32080</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CURLEY, CHARLES R JR, ESQ 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Ronald W. San Martin</i></u> <b>N/A</b> (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEMBER</del> <del>RONALD W. SAN MARTIN</del> <del>PMB 439 1093 A1A BEACH BLVD</del> <del>ST. AUGUSTINE, FL 32080</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RONALD W. SAN MARTIN PMB 439 A1A BEACH BLVD ST. AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ronald W. San Martin</i></u>			7/5/05 678-427-5607		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		