2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 07, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam CREV II,		05040				05-04-2006 9	00025 038 ****	55.00
Principal Place of Business 3106 SOUTH HORSESHOE DRIVE NAPLES, FL 34104 US		Mailing Address 3106 SOUTH HORSESHOE DRIVE NAPLES, FL 34104 US		300711047				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272006	Chg-LLC	CR2E083 (11/	05)
City & State		City & State		4. FEI Number	217311	a -	Applied For	
Zip	Gountry	Zip	Country		1	of Status Desired		Additional
	6: Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	Registered Agent	
BOND'SC	HOENECK & KING, P.A.			Name				
	IIAMI TRAIL NORTH				ss (P.O. Box Numb	er is Not Acceptable	e)	
ī								
;			,	City			FL Zip (Code
8. The above	e named entity submits this statementions of registered agent.	t for the purpose of changing	its registered	office or regis	stared agent, or bot	h, in the State of Flo	:	ith, and accent
					_			
SIGNATURE	<u> </u>	ent and tide if applicable. (I	NOTE: Registered Ar			<u></u>	DATE	
1 F	A	ent and lide if applicable. (h	NOTE: Registered Ag		uired when reinstating)	Mak	DATE te check psysble to a Department of S	 o
1 F	Signature, typed or printed name of registered so Illing Fee is \$50.00 ue by May 1, 2008	ent and tide If applicable. (P	NOTE: Registered Ag			Mak Floridz	e check payable to Department of S	 o
P D D D D D D D D D D D D D D D D D D D	Signature, typed or printed name of registered ago liling Fee is \$50.00 ue by May 1, 2008 MANAGING MEM MGRM JONAS, MICHAEL P 3106 SOUTH HORSESHOE D	IBERS/MANAGERS	10. TITLE NAME STREET A	perd vignature regi		Mak	e check payable to Department of S	o tate
ITTLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ego liting Fee is \$50.00 ue by May 1, 2008 MANAGING MEM MGRM JONAS, MICHAEL P 3106 SOUTH HORSESHOE D NAPLES, FL 34104 MGRM WESTON, DAVID E 3106 SOUTH HORSESHOE D	BERS/MANAGERS Delete Delete	10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	Derk signeture regi	dured when reinstacing)	Mak Florida ADDITIONS/	te check payable to Department of S	o
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ago liting Fee is \$50.00 ue by May 1, 2008 MANAGING MEM MGRM JONAS, MICHAEL P 3106 SOUTH HORSESHOE D NAPLES, FL 34104 MGRM WESTON, DAVID E	BERS/MANAGERS Delete Delete	10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A	DORESS	dured when reinstacing)	Mak Florida ADDITIONS/	te check payable to Department of S	tate Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ego liting Fee is \$50.00 ue by May 1, 2008 MANAGING MEM MGRM JONAS, MICHAEL P 3106 SOUTH HORSESHOE D NAPLES, FL 34104 MGRM WESTON, DAVID E 3106 SOUTH HORSESHOE D	BERS/MANAGERS Delete Delete Delete	10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS - ZIP	Comy	Mak Florida ADDITIONS/	ce check payable to Department of S	tate Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ego liting Fee is \$50.00 ue by May 1, 2008 MANAGING MEM MGRM JONAS, MICHAEL P 3106 SOUTH HORSESHOE D NAPLES, FL 34104 MGRM WESTON, DAVID E 3106 SOUTH HORSESHOE D	BERS/MANAGERS Delete Delete Delete Delete	10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	Comy	Mak Florida ADDITIONS/	te check payable to Department of S	tate Addition

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: 4-27-04 239-643-232

SIGNATURE AND TYPED OR PRINTED HAME OF BIOINGS MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Orygining Provide P

David E. Weston