

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006579

**FILED**  
**Jan 31, 2008**  
**Secretary of State**

**Entity Name:** ELIZABETH PLACE APARTMENTS L.L.C.

**Current Principal Place of Business:**

8098 W. 15 CT  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

8098 W. 15 CT.  
HIALEAH, FL 33014

**New Mailing Address:**

**FEI Number:** 86-1128022      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, KENT D  
8098 W. 15TH CT.  
HIALEAH, FL 33014      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CRAWFORD, DOUGLAS K  
Address: 1620 SW PROSPERITY WAY  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: CRAWFORD, KENT D  
Address: 8098 W. 15TH CT.  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENT D. CRAWFORD

MGRM

01/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date