2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000014159

1. Entity Name

LEE FREYER KENNEDY CRESTVIEW, LLC



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

4650 PARADISE ISLE DESTIN, FL 32541 US Mailing Address

444 MADISON AVENUE SUITE 2800

NEW YORK, NY 10022

04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4207883

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUMBAKER, BRIAN ESQ 123 S CALHOUN STREET TALLAHASSEE, FL 32301 DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title it applicable

(NOTE Registered Agent signature required when reinstating)

05/29/08-80001-013 143.75

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, LEE FREYER 4650 PARADISE ISLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STRFET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 filling 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

147/h/

4.29.08

D OR PRINTED NAME OF SIGNING MANASING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #