

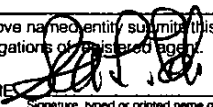
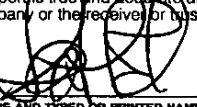


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90034 034 ****50.00

DOCUMENT # L05000027737 1. Entity Name THE CREST AT WATERFORD LAKES, LLC						
Principal Place of Business 801 BRICKELL KEY BLVD. STE 2111 MIAMI, FL 33131			Mailing Address 801 BRICKELL KEY BLVD. STE 2111 MIAMI, FL 33131			
2. Principal Place of Business 701 Crest Pines Drive		3. Mailing Address 701 Crest Pines Drive				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01082006 Chg-LLC CR2E083 (11/05)		
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-2893037		
Zip 32828 Country USA		Zip 32828 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PODVIN, SCOTT L 801 BRICKELL KEY BLVD., STE STE 2111 MIAMI, FL FL				7. Name and Address of New Registered Agent Name Law Offices of Scott L. Podvin, P.A. Street Address (P.O. Box Number is Not Acceptable) 701 Crest Pines Drive City Orlando FL Zip Code 32828		
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  DATE 1/7/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PODVIN, SCOTT L 801 BRICKELL KEY BLVD., STE 2111 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PG & B Crest, LLC 701 Crest Pines Drive Orlando, FL 32828 <input checked="" 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	
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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 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  SCOTT L. PODVIN				DATE 1/7/06 DAYTIME PHONE # 407-737-4442		