2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000029629

Entity Name: CREST INVESTMENTS, LLC

Current Principal Place of Business:

4747 CAINS WREN TRAIL
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4747 CAINS WREN TRAIL
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-2658664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REID, THOMAS B SR
4747 CAINS WREN TRAIL
SANFORD, FL 32771 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:	REID, THOMAS B SR	
Address:	4747 CAINS WREN TRAIL	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGR	( ) Delete
Name:	REID, MICHOLE A	
Address:	4747 CAINS WREN TRAIL	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGR	(X) Delete
Name:	GOTTFRIED, RICHARD L	
Address:	1710 SWALLOTAIL	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGR	( ) Delete
Name:	MINOR, RICHARD E	
Address:	3583 DELL COURT	
City-St-Zip:	WARRENTON, VA 20187	
Title:	MGR	( ) Delete
Name:	SPARGO, JOHN W	
Address:	11212 WAPLES MILL ROAD; SUITE 104	
City-St-Zip:	FAIRFAX, VA 22030	
Title:	MGR	( ) Delete
Name:	REID, ALLEN K	
Address:	3337 HEMLOCK	
City-St-Zip:	FALLS CHURCH, VA 22042	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: THOMAS REID MGRM 05/01/2009

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