## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000043459** 

1. Entity Name CRESCENT OAKS PARTNERS, L.L.C.



Principal Place of Business

3300 CRESCENT OAKS BLVD TARPON SPRINGS, FL 34688

Mailing Address

737 MAIN STREET, SUITE 201 SAFETY HARBOR, FL 34695

## FILED Jan 29, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC CR2

CR2E083 (11/05)

4. FEI Number 20-2780395

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVEN W. MOORE, P.A. 8200 BRYAN DAIRY ROAD, SUITE 300 LARGO, FL 33777

## 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 if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	WHITE, DOUGLAS		
STREET ADDRESS	737 MAIN STREET, SUITE 201		U0000060704S
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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 acqueste 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NA OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/07

726-953

Daytme Phone #