2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000066577

1. Entity Name

LEE FREYER KENNEDY CRESTVIEW II, LLC



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

Principal Place of Business

4650 PARADISE ISLE DESTIN, FL 32541 Mailing Address

444 MADISON AVENUE SUITE 2800 NEW YORK, NY 10022



04242008 No Chg-LLC

CR2E083 (12/07)

 4. FEI Number
 Applied For

 20-4189980
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUMBAKER, BRIAN ESQ 123 S CALHOUN STREET TALLAHASSEE, FL 32301

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| 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

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

U00000942008 05/29/08-80001-014 143,75

| 9. | MANAGING MEMBERS/MANAGERS | |
|-----------------------------------------------|-------------------------------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZiP | MGR KENNEDY, LEE FREYER 4650 PARADISE ISLE DESTIN, FL 32541 | |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CHY-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 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:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-29-08

Daytime Phone #