

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000079178



1. Entity Name

CRYSTAL BEACH COTTAGES, LLC

Principal Place of Business

1027 POINT SEASIDE DRIVE
CRYSTAL BEACH, FL 34681

Mailing Address

PO BOX 403
CRYSTAL BEACH, FL 34681



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3260722

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLKMAN, ELLEN M
1027 POINT SEASIDE DRIVE
CRYSTAL BEACH, FL 34681

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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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FOLKMAN, ELLEN M
PO BOX 1159
CRYSTAL BEACH, FL 34681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FOLKMAN, CARL E
PO BOX 1159
CRYSTAL BEACH, FL 34681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/16/07-80002-002 50.00

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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:

Ellen M. Folkman (Ellen M. Folkman)

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

Date

Daytime Phone #

Jan 8, 06 727 789 5022