

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017444

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE VILLAS AT CRESCENT LAKE, L.L.C.

Current Principal Place of Business:

1800 STATE ROAD 207
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1800 STATE ROAD 207
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBS, CAMERON
1800 STATE ROAD 207
SAINT AUGUSTINE, FL 32086 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: JACOBS, CAMERON
Address: 5420 ATLANTIC VIEW
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: GRAUBARD, ROBERT
Address: 33 WATER STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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: CAMERON JACOBS MGR 04/20/2009

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