

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90114 047 ****55.00

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|---|--|--|---|---|---------------------|
| DOCUMENT # L06000047745 | | | | | |
| 1. Entity Name CRF - BEAR LAKE, LLC | | | | | |
| Principal Place of Business 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | | Mailing Address 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01312007 Chg-LLC CR2E083 (12/06) | |
| Zip | Country | Zip | Country | 4. FEI Number 20-4888015 | |
| 5. Certificate of Status Desired | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MCFARLANE, PETER A C/O PETER A. MCFARLANE, P.A. 500 SOUTH FLORIDA AVE., SUITE 715 LAKELAND, FL 33801 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANCHOR INVESTMENT CORPORATION OF FL. 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 <i>Kim S Kelley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 4/26/07 863-647-1581 <small>Date Daytime Phone #</small> | | <i>Kim S Kelley</i> |