### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L06000068774**

1. Entity Name CRYSTAL RIVER PROPERTIES, LLC



Principal Place of Business

4155 EAST MOWRY DRIVE HOMESTEAD, FL 33033 Mailing Address

4155 EAST MOWRY DRIVE HOMESTEAD, FL 33033

### FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90027 028 \*\*\*138.75

60023230



DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 33-1142565 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZANETTI-LEON, ALINA 4155 EAST MOWRY DRIVE HOMESTEAD, FL 33033

SIGNATURE

# DO NOT WRITE IN THIS SPACE

8.	The above named entity	submite this s	tatement for th	ne purpose <u>of changing</u>	its registered offici	e or registered agent, or bo	oth, in the State of Florida.	I am familiar with, and ac	cept
	the obligations of registe	red agent.	/ /	7	7	$\bigcirc$ 1 $\sim$	0100		
	. /	1. 1	$^{\prime}$		_	~ / /	_9///		

TE: Registered Agent signature required when reinstating)

DATE

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

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I	9.	MANAGING MEMBERS/MANAGERS			
ſ	TITLE	MGRM			
	NAME	RUTTER, JOSIAH B TRUSTEE			
	STREET ADDRESS	4155 EAST MOWRY DRIVE			
	CITY-ST-ZIP	HOMESTEAD, FL 33033			
	TITLE	MGRM			
	NAME	GONZALEZ, CHARLES			
	STREET ADDRESS	4155 EAST MOWRY DRIVE			
	CITY-ST-ZIP	HOMESTEAD, FL 33033			
	TITLE	MGLM			
	NAME	Sarah C. Ruther			
	STREET ADDRESS	4155 E. Mormy Dive			
l	CITY-ST-ZIP	Homesteal FL 33033			
	TITLE	mach			
	NAME	Tamara M. RUHR			
	STREET ADDRESS	UIGS. E. MANN PRIVE			
	CITY-ST-ZIP	Tamara M. Ruttre 4185.E. Dany Princ Homester R. 33033			
	TITLE				
	NAME				
	STREET ADDRESS				
	CITY-ST-ZIP				
	TITLE				
	NAME				
	STREET ADDRESS				

# DO NOT WRITE IN THIS SPACE

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 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/11/08

(35)2588011

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