

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068845

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: CRESTVIEW REALTY LLC

## Current Principal Place of Business:

854 N.W. 87 AVE.  
303  
MIAMI, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

854 N.W. 87 AVE.  
303  
MIAMI, FL 33172

## New Mailing Address:

FEI Number: 20-5186244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROCHE, LILLIANE  
854 N.W. 87 AVE.  
303  
MIAMI, FL 33172 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: MGR ( ) Delete  
Name: ROCHE, LILLIANE  
Address: 854 N.W. 87 AVE. #303  
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete  
Name: ROCHE, MARGARITA L  
Address: 854 N.W. 87 AVE. #303  
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Delete  
Name: HIDALGO, CARLOS MIGUEL  
Address: 854 N.W. 87 AVE. #303  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES:

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

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

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

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: LILLIANE ROCHE

MGR

01/04/2008

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