

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

04-27-2007 90152 001 ***300.00

DOCUMENT # L06000077147	
1. Entity Name CRYSTAL COVE DEVELOPMENT, LLC	

Principal Place of Business 622 BEACHLAND BLVD., SUITE 203 VERO BEACH, FL 32963	Mailing Address 622 BEACHLAND BLVD., SUITE 203 VERO BEACH, FL 32963
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30003242



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 11-3790880	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOMBARDI, VICTOR A 622 BEACHLAND BLVD., SUITE 203 VERO BEACH, FL 32963		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 _____ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

**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	MGRM LOMBARDI, VICTOR A 622 BEACHLAND BLVD., SUITE 203 VERO BEACH, FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOGLIA, JOSEPH M 622 BEACHLAND BLVD., SUITE 203 VERO BEACH, FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: *Victor A Lombardi* 4/25/07 561 262 5994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *