

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000091575

1. Entity Name  
CRIMSON IBIS TWIN RIVERS, LLC



Principal Place of Business

950 JEFFERSON STREET  
HOLLYWOOD, FL 33019

Mailing Address

950 JEFFERSON STREET  
HOLLYWOOD, FL 33019



01092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5591690

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTER, STEVEN  
950 JEFFERSON STREET  
HOLLYWOOD, FL 33019

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable*

*(NOTE: Registered Agent signature required when reinstating)*

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SAIONTZ, STEVEN
STREET ADDRESS	9515 SW 60 CT
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	MGR
NAME	CASTER, STEVEN
STREET ADDRESS	950 JEFFERSON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000828076  
02/22/08-80016-001 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/08

305-722-9400

Date

Daytime Phone #