


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90017 015 \*\*\*143.75

|   |  |                           |  |   |  |
|---|--|---------------------------|--|---|--|
| <b>DOCUMENT # L07000004012</b>  |  |                           |  |  |  |
| <b>1. Entity Name</b><br>CRF - TWIN LAKES, LLC  |  |                           |  |   |  |
| <b>Principal Place of Business</b><br>500 SOUTH FLORIDA AVENUE, SUITE 700<br>LAKELAND, FL 33801   |  |                           | <b>Mailing Address</b><br>500 SOUTH FLORIDA AVENUE, SUITE 700<br>LAKELAND, FL 33801                                      |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b> |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.       |  |   |  |
| City & State  |  | City & State              |  |   |  |
| Zip   | Country  | Zip                       | Country  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MCFARLANE, PETER A ESQ.<br>500 SOUTH FLORIDA AVENUE, SUITE 700<br>LAKELAND, FL 33801  |  |                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| FL  |  |                           | Zip Code   |   |  |
| <b>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.</b>  |  |                           |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |  |                           |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.   |  |                           |  |   |  |
| DATE _____  |  |                           |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |                           | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                           | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>CRF MANAGEMENT CO., INC.<br>500 SOUTH FLORIDA AVENUE, SUITE 700<br>LAKELAND, FL 33801 |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <input type="checkbox"/> Delete   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> Delete   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> Delete   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> Delete   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> Delete   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <input type="checkbox"/> Delete   |  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>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.</b> |  |                           |  |   |  |
| <b>SIGNATURE:</b> <i>Kim S. Kelley</i>  |  |                           | Kim S Kelley   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR   |  |                           | 4/21/08  |   |  |
| 863.647.1581  |  |                           | _____  |   |  |