

L97000000 1154

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 NOV 24 AM 11:28	
ANNUAL REPORT 1998 <i>Reinstatement</i>					
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000001154			
CRYSTAL VIEW, L.C. 4633 PARADISE ISLES DESTIN FL 32541		1a. Principal Place of Business Address 4633 PARADISE ISLES DESTIN FL 32541			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/16/1997	
City & State		City & State		FL	
Zip		Country		4. FEI Number 59-3501498	
				5. Date of Last Report	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
MCGILL, ROBERT E III 743 HIGHWAY 98 EAST, SUITE 5 DESTIN FL 32541				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code <i>MAH</i>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MOORE, DAVID	4633 PARADISE ISLES		DESTIN FL	
				700002705327--4 -12/08/98--01003--007 *****668.75 *****668.75	
				700002705327--4 -12/08/98--01003--008 *****20.00 *****20.00	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>W. David Moore</i> W. DAVID MOORE 11/23/98 (850)650-5115 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					



ACCOUNT NO. : 072100000032

REFERENCE : 042998 9138A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : November 24, 1998

ORDER TIME : 12:13 PM

ORDER NO. : 042998-005

CUSTOMER NO: 9138A

CUSTOMER: Ms. Michele Robertson  
Burke & Blue, P.a.  
Post Office Box 70

Panama City, FL 32402

DOMESTIC FILINGS

NAME: CRYSTAL VIEW, L.T.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
90 NOV 24 PM 1:12  
DIVISION OF CORPORATION