

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90008 010 ****55.00

DOCUMENT # L99000004717

1. Entity Name

CRICKLEWOOD SOUTH, LLC



Principal Place of Business

Mailing Address

~~152 E THIRD AVENUE~~
~~MT DORA FL 32756~~

~~152 E 3RD AVENUE~~
~~MT DORA FL 32756~~

2. Principal Place of Business

3. Mailing Address

Mount + not yet
determined

P.O. Box 36

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mount Dora

Zip

Country

32756

Country

Lake

4. FEI Number

59-3591848

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKSON, GARY M
1132 SYMONDS AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name *Ken Dawson*
Street Address (P.O. Box Number is Not Acceptable)
888 South Andrews
Suite 204
City *Fort Lauderdale* FL Zip Code *33316*

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

Cricklewood South LLC by David B Kyner *4-10-05*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KYNER, DAVID B	
STREET ADDRESS	P.O. BOX 36	
CITY-ST-ZIP	MT DORA FL 32756	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOWENSTEN, STEVEN C	
STREET ADDRESS	P.O. BOX 36	
CITY-ST-ZIP	MT DORA FL 32756	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BEATTY, PRISCILLA W	
STREET ADDRESS	P.O. BOX 36	
CITY-ST-ZIP	MT DORA FL 32756	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BEATTY, JAMES E	
STREET ADDRESS	P.O. BOX 36	
CITY-ST-ZIP	MT DORA FL 32756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I 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 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:

David B Kyner *David B Kyner Cricklewood So LLC Pres* *Apr 10, 05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Phone #