
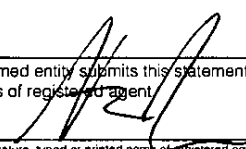
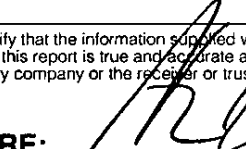


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90202 032 ****50.00

DOCUMENT # M03000002807 1. Entity Name CROW RIVER RANCH, L.C.			
Principal Place of Business 712 PALMETTO AVE. MELBOURNE, FL 32901		Mailing Address 712 PALMETTO AVE. MELBOURNE, FL 32901	
2. Principal Place of Business 504 N. HARBOR CITY BLVD.		3. Mailing Address 504 N. HARBOR CITY BLVD.	
Suite, Apt. #, etc. BLVD.		Suite, Apt. #, etc.	
City & State MELBOURNE FL		City & State MELBOURNE FL	
Zip 32935		Zip 32935	
Country		Country	
4. FEI Number 13-4261676		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, STEVEN J 712 PALMETTO AVE. MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 504 N. HARBOR CITY BLVD City MELBOURNE FL Zip Code 32935	
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  DATE 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, STEVEN 712 PALMETTO AVE. MELBOURNE, FL 32901	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGLE, C. DOUGLASS 712 PALMETTO AVE. MELBOURNE, FL 32901	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBRIGHT, JAMES C JR 712 PALMETTO AVE. MELBOURNE, FL 32901	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POTTER, WENDY L 3305 CALLE DEL MAR W. MELBOURNE, FL 32404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POTTER, WENDY L 3305 CALLE DEL MAR W. MELBOURNE, FL 32404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POTTER, WENDY L 3305 CALLE DEL MAR W. MELBOURNE, FL 32404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 19.07(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: 		321 1/26/05 751-6088 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			