


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90033 004 ****50.00

DOCUMENT # M97000000246 1. Entity Name CRESTVIEW MARKETPLACE, L.L.C.					
Principal Place of Business 51 TACON STREET, SUITE B MOBILE, AL 36607			Mailing Address 51 TACON STREET, SUITE B MOBILE, AL 36607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEORGE, KERMIT 114 CEDAR AVENUE CRESTVIEW, FL 32536			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROTMAN, CHARLES R 2525 BELL ROAD MOBILE, AL 36117 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> Montgomery, AL 36117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSHEE, J. DAVID 51 TACON STREET, SUITE B MOBILE, AL 36607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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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: <i>Mary A. Indar, Auth. Representative</i> 4/18/06 251/471-5352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					