

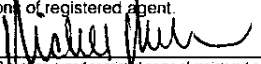
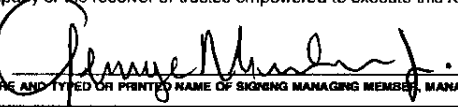


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90014 033 \*\*\*\*50.00

<b>DOCUMENT # M98000001247</b> 1. Entity Name <b>CRYSTAL LAKES HOME SALES, LLC</b>																													
Principal Place of Business <b>10800 SIKES PLACE, SUITE 300 CHARLOTTE, NC 28277</b>				Mailing Address <b>10800 SIKES PLACE, SUITE 300 CHARLOTTE, NC 28277</b>																									
2. Principal Place of Business <b>5010 Country Lakes Dr</b> Suite, Apt. #, etc. 		3. Mailing Address <b>333 N Washington Ave</b> Suite, Apt. #, etc. <b>Suite 200</b>																											
City & State <b>Fort Myers, FL</b> Zip <b>33905</b>		City & State <b>Minneapolis, MN</b> Zip <b>55401</b>		4. FEI Number <b>56-2105487</b>																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GREENHUT, STEVEN B ESQ. MCGUIRE, WOODS, BATLE &amp; BOOTHE LLP 3300 BARNETT CENTER - 50 NORTH LAURA ST. JACKSONVILLE, FL 32202-3635</b>				7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o CT Corporation System</b> <b>1200 South Pine Island Road</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</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. SIGNATURE  <b>Michele Miller</b> Assistant Secretary DATE <b>4/20/04</b>																													
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>FERRO, JAMES P</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>10800 SIKES PLACE, SUITE 300</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>CHARLOTTE, NC 28277</b></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Delete	NAME	<b>FERRO, JAMES P</b>		STREET ADDRESS	<b>10800 SIKES PLACE, SUITE 300</b>		CITY-ST-ZIP	<b>CHARLOTTE, NC 28277</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>MGRM</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Nelson, George N Jr.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>333 N Washington Ave, Suite 200 Minneapolis, MN 55401</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>MGRM</b>		STREET ADDRESS	<b>Nelson, George N Jr.</b>		CITY-ST-ZIP	<b>333 N Washington Ave, Suite 200 Minneapolis, MN 55401</b>	
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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 				DATE <b>4/15/04</b> DAYTIME PHONE # <b>612-373-9847</b>																									