FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - P05000072238

Crest Waterford Lakes Holdings, Inc.



FILED May 12, 2006 8:00 am Secretary of State

01-17-2006 90272 023 ****50.00 05-12-2006 90029 013 ***150.00

DO NOT WRITE IN THIS SPACE			40091710
2. Principal Place of Business 701 Crest Pines Prive Suite, Apt. #, etc.	3. Mailing Address On Citst Ones Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State Offunds FC 32828 Country Country LSA	City & State O(lando Zip 22828	F L. Country	4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired See Required 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired Fee Required
DO NOT W IN THIS SP 8. The above named entity submits this statement for the obligations of resistered agent.	PACE	City	7. Name and Address of Current Registered Agent V Offices of Scott (Podvin , P.A. S.(P.O. Box Mumber is Non-Acceptable) 1. Podvin , P.A. S.(P.O. Box Mumber is Non-Acceptable) 1. Podvin , P.A. S.(P.O. Box Mumber is Non-Acceptable) 1. Podvin , P.A. 2. S. Code 28 Bered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of 10. Mb(OFFICERS AND	State	E. Registered Agent signature requi	9. Election Campaign Financing Trust Fund Contribution. St.00 May Be Added to Fees St.00 May Be A
The Crest Real Est. NAME TO Crest Pines Dr STREET ADDRESS CITY-SI-ZIP Orlando, FL 3282	nte Group, Inc	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, Mithall other like empowered. SIGNATURE: SIGNATURE AND TYPED OR FUNTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description 19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, Mithall other like empowered.			