
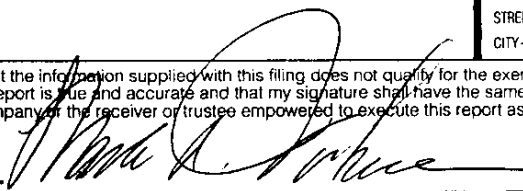


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90019 019 \*\*\*138.75

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L02000002945</b><br>1. Entity Name<br><b>CRES BROKERAGE, LLC</b>   |  |    |
| Principal Place of Business<br><b>443 NORTH CAMDEN DRIVE, STE. 520<br/>BEVERLY HILLS, FL 90210</b>   |  | Mailing Address<br><b>443 NORTH CAMDEN DRIVE, STE. 520<br/>BEVERLY HILLS, FL 90210</b>  |
| 2. Principal Place of Business - No P.O. Box #<br><b>433 North Camden Dr</b>   | 3. Mailing Address<br><b>433 North Camden Dr</b> |   |
| Suite, Apt. #, etc.<br><b>520</b>  | Suite, Apt. #, etc.<br><b>520</b>                |   |
| City & State<br><b>Beverly Hills, CA</b>   | City & State<br><b>Beverly Hills, CA</b>         |   |
| Zip<br><b>90210</b>  | Country<br><b>USA</b>                            | Zip<br><b>90210</b>   |
| Country<br><b>USA</b>  | Country<br><b>USA</b>                            |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DONAHUE, MARK<br/>550 SE MIZNER BLVD., UNIT B-110<br/>BOCA RATON, FL 33432</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating)   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |
| TITLE<br><b>MGRM</b> <input type="checkbox"/> Delete   | NAME<br><b>DONAHUE, MARK R</b>                   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| STREET ADDRESS<br><b>550 SE MIZNER BLVD., UNIT B-110</b>   | CITY-ST-ZIP<br><b>BOCA RATON, FL 33432</b>       | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |
| CITY-ST-ZIP<br><b>BOCA RATON, FL 33432</b>   | TITLE <input type="checkbox"/> Delete            | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE <input type="checkbox"/> Delete            | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE <input type="checkbox"/> Delete            | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE <input type="checkbox"/> Delete            | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE <input type="checkbox"/> Delete            | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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:    |  | Date: <b>1/15/08</b>  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Daytime Phone # <b>609-6100</b>   |