
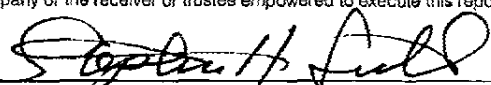


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000043559					
1. Entity Name CR PARTNERS V, LLC					
Principal Place of Business 8725 NW 18TH TERRACE SUITE 105 - MIAMI, FL 33172 US			Mailing Address 8725 NW 18TH TERRACE SUITE 105 MIAMI, FL 33172 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01152004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEWIS, HAROLD L 2 S. BISCAYNE BLVD. SUITE 2400 MIAMI, FL 33131				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, STEPHEN H 8725 NW 18TH TERRACE, SUITE 105 MIAMI, FL 33172	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000009458 01/21/04-80013-011 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 			1/15/04		305-591-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #