

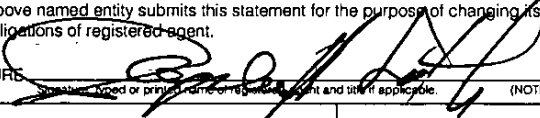



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90035 049 \*\*\*\*50.00

<b>DOCUMENT # L05000024180</b>					
1. Entity Name 4299 MIAMI SPRINGS, LLC					
Principal Place of Business % BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431			Mailing Address % BERT R. OLIVER, P.A. 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431		
2. Principal Place of Business c/o Stephen H. Smith		3. Mailing Address c/o Stephen H. Smith			
Suite, Apt. #, etc. 8725 N.W. 18th Ter., #105		Suite, Apt. #, etc. 8725 N.W. 18th Ter., #105			
City & State Miami, FL		City & State Miami, FL		01062006 Chg-LLC CR2E083 (11/05)	
Zip 33172		Country USA		4. FEI Number 320142454	
Zip 33172		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  OLIVER, BERT R 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name <b>Stephen H. Smith</b> Street Address (P.O. Box Number is Not Acceptable) c/o ComReal Miami, Inc. 8725 NW 18th Terrace, Suite 105 City <b>Miami</b> <b>FL</b> Zip Code <b>33172</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 			DATE <b>1/9/06</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVER, BERT R 2060 N.W. BOCA RATON BOULEVARD, SUITE 6 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CR Partners VIII, LLC 8725 N.W. 18th Terrace, #105 Miami, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			Stephen H. Smith <i>Manager</i> <b>1/9/06</b>		305-591-3044
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #