

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000033984

Entity Name: CR TAX INVESTMENTS I, LLC**Current Principal Place of Business:**1427 CLARKVIEW RD.
SUITE 500
BALTIMORE, MD 21209**Current Mailing Address:**1427 CLARKVIEW RD.
SUITE 500
BALTIMORE, MD 21209 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLOWER, DAVID K
HENDERSON, FRANKLIN STARNES & HOLT
1648 PERIWINKLE WAY, STE B
SANIBEL, FL 33957 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	CEO
Name	SCHAPIRO, J.M.
Address	1427 CLARKVIEW RD. SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	VP
Name	SCHAPIRO, J. MARK
Address	1427 CLARKVIEW RD. SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	VP
Name	WILLIAMS, MICHELE
Address	1427 CLARKVIEW RD. SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	VP
Name	LUETKEMEYER, JOHN AJR
Address	1427 CLARKVIEW RD. SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	VP
Name	MCCOY, NICHOLAS F
Address	1427 CLARKVIEW RD. SUITE 500
City-State-Zip:	BALTIMORE MD 21209

Title	VP
Name	PARKER, GENE
Address	1427 CLARKVIEW RD. SUITE 500
City-State-Zip:	BALTIMORE MD 21209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE WILLIAMS**CONTROLLER****04/10/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date