


**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L02000004983</b>		
1. Entity Name CRI MARKETPLACE AT CYRPRESS CREEK, LLC		
Principal Place of Business 110 EAST STREET NORTH TAMPA, FL 33602-4108		Mailing Address C/O 6508 E. FOWLER AVE. TAMPA, FL 33617
<b>DO NOT WRITE IN THIS SPACE</b>		
		01292004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 02-0605717		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
MCINTOSH, ANDREW L 101 EAST KENNEDY BLVD. SUITE 2000 TAMPA, FL 33602		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, DONALD 6130 LAZY DAYS BOULEVARD SEFFNER, FL 335842968	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WACKSMAN, BENJAMIN 110 EAST STREET NORTH TAMPA, FL 336024108	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>BEN WACKSMAN</u> BENJAMIN WACKSMAN 3/24/04 (813) 318 0087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		