04-05-2006 90018 024 ****50.00
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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004983

1. Entity Name
CRI MARKETPLACE AT CYRPESS CREEK, LLC
Cypress

FILED
06 APR 13 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
110 EAST STREET NORTH TAMPA, FL 33602-4108	C/O 6508 E. FOWLER AVE. TAMPA, FL 33617

02032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
15310 Amberly Drive	
Suite, Apt. #, etc.: Suite 250	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33647 Country: USA	Zip Country

4. FEI Number: 02-0605717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, ANDREW L
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	WALLACE, DONALD	
STREET ADDRESS	6130 LAZY DAYS BOULEVARD	
CITY-ST-ZIP	SEFFNER, FL 335842968	
TITLE	MGRM	☐ Delete
NAME	WACKSMAN, BENJAMIN	
STREET ADDRESS	110 EAST STREET NORTH	
CITY-ST-ZIP	TAMPA, FL 336024108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	15310 Amberly Drive, Suite 250	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ben Wacksman BEN WACKSMAN 3/30/06 (813)985-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #