


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90031 036 \*\*\*\*50.00

<b>DOCUMENT # L02000008271</b> 1. Entity Name <b>SOUTHERN &amp; CRESTWOOD PROPERTIES, LLC</b>					
Principal Place of Business <b>325 SEVEN ISLES DRIVE FT LAUDERDALE, FL 33301</b>			Mailing Address <b>325 SEVEN ISLES DRIVE FT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business <b>61 South Peak</b> Suite, Apt. #, etc.		3. Mailing Address <b>61 South Peak</b> Suite, Apt. #, etc.			
City & State <b>Laguna Niguel, CA</b>		City & State <b>Laguna Niguel, CA</b>		4. FEI Number <b>01-0648798</b>	
Zip <b>92677</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required.	
6. Name and Address of Current Registered Agent  <b>ALEXANDER, D. GLEN C/O STRATEGIC REALTY SERVICES, LLC 901 NORTHPOINT PKWY STE 200 WEST PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PETROCELLI, PHILIP V 325 SEVEN ISLES DRIVE FT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DEANGELIS, SAMUEL 1401 WEST LAKE DRIVE FT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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.			61 South Peak Laguna Niguel, CA 92677		
<b>SIGNATURE:</b> _____			Date <b>4/12/06</b> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					