2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 17, 2006 8:00 am Secretary of State

DOCU									
DOCUMENT # L02000011000 1. Entity Name COMMUNITY RESIDENTIAL PROPERTIES, L.L.C.						02-17-2006 90	020 015 ****50.	00	
Principal Plac	e of Busines		Mailing Address	·		4	UUU 8736		
7483 SW 24		•	74 83 SW -24 STREET						
SUITE 101	J.M.L.	, -*	SUITE 102						
MIAMI, FL 3	3155		MIAMI; FL~33155		i iparititi		ii SRIPi liaat jira sani sarii d		
				<u>-</u>					
2. Principal Place of Business		3. Mailing Address				U BAJEI WARI IIBI BAJI BAJI BA			
Suite Ant	Suite, Apt. #, etc.		Suite, Apt. #, etc.						
odita, Apt. 4, otc.		Gato, r.p.c. ii, oto.		02012006	Chg-LLC	CR2E083 (11/05)`		
City & State		City & State		4. FEI Numi	per		pplied For		
				55-078			lot Applicable		
Zip		Country	Zip	Country	5 Certificat	e of Status Desired	\$5.00 Ac		
		L	<u> </u>	l			Fee Requir	ed	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
KONDI A. DIGUADO E EGO				Name	ו מוממל	MHILL VO	pential	1//	
KONDLA, RICHARD F ESQ. 9555 SW 88TH STREET				Street Add	iress (P.O. Box Numi	per is Not Acceptable	e)	<u></u>	
9000 SW 881H STREET SUITE 201									
MIAMI, FL 33176				17	482 547	245110	ef suite	10/	
				City	11 3 3	<u>~1</u>	Zip Co	de	
					MIGNI		<u> </u>	33/25	
8. The above	e named entit tions of regist	y subprite this statement for	the purpose of changing its	registered office or re	egistered agent, or b	oth, in the State of Flo	orida. I am familiar with	i, and accept	
uie obliga		age ii.							
SIGNATURE		Di printed hame of registered agent a	od title if englicable (NOT	E: Registered Agent signature	remitted when reinstation)		DATE		
									
								e.	
Fi	iling Fée	ls \$50.00				Mak	e check payable to		
Fi D	iling Fée ue by Ma	ls \$50.00 y 1, 2006				Florida	Department of Sta		
B	iling Pée ue by Ma	y 1, 2006				Florida	a Department of Sta		
9.	ue by Ma	Is \$50.00 y 1, 2006 MANAGING MEMBER		10.		Florida	Department of Sta	te	
9. TITLE	MGRM	y 1, 2006 MANAGING MEMBER	☐ Delete	TITLE		Florida	a Department of Sta		
9. TITLE NAME	MGRM COMMUN	y 1, 2006 MANAGING MEMBER NITY RESIDENTIAL PRO	☐ Delete	TITLE NAME		Florida	Department of Sta	te	
9. TITLE NAME STREET ADDRESS	MGRM COMMUN 7483 SW	MANAGING MEMBER WITY RESIDENTIAL PRO 24 ST SUITE 101	☐ Delete	TITLE NAME STREET ADDRESS		Florida	Department of Sta	te	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMMUN	MANAGING MEMBER WITY RESIDENTIAL PRO 24 ST SUITE 101	Delete DPERTIES, INC.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	a Department of Sta	te Addition	
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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 of this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZiP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date