

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-17-2006 90020 015 ****50.00

20008736



DOCUMENT # L02000011000 1. Entity Name COMMUNITY RESIDENTIAL PROPERTIES, L.L.C.																													
Principal Place of Business 7483 SW 24 STREET SUITE 101 MIAMI, FL 33155			Mailing Address 7483 SW 24 STREET SUITE 102 MIAMI, FL 33155																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 55-0788429																									
				Applied For <input type="checkbox"/> Not Applicable																									
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent KONDLA, RICHARD F ESQ. 9555 SW 88TH STREET SUITE 201 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name COMMUNITY RESIDENTIAL, LLC Street Address (P.O. Box Number is Not Acceptable) 7483 SW 24 STREET SUITE 101 City Miami FL Zip Code 33155																										
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 DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COMMUNITY RESIDENTIAL PROPERTIES, INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7483 SW 24 ST SUITE 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	COMMUNITY RESIDENTIAL PROPERTIES, INC.		STREET ADDRESS	7483 SW 24 ST SUITE 101		CITY-ST-ZIP	MIAMI, FL 33155		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													
				<small>Date</small>																									
				<small>Daytime Phone #</small>																									