

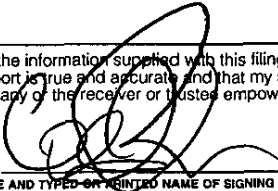


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90083 007 \*\*\*\*50.00

<b>DOCUMENT # L02000034584</b>					
<b>1. Entity Name</b> CR-MERC DEVELOPMENT, LLC					
<b>Principal Place of Business</b> 201 S. BISCAYNE BOULEVARD STE. 1700 MIAMI, FL 33131			<b>Mailing Address</b> 201 S. BISCAYNE BOULEVARD STE. 1700 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 2333 Brickell Ave Suite, Apt. #, etc. D-1 City & State Miami, FL Zip 33129 Country Miami-Dade		<b>3. Mailing Address</b> 2333 Brickell Ave. Suite, Apt. #, etc. D-1 City & State Miami, FL Zip 33129 Country Miami-Dade		<b>24060081</b>  	
<b>4. FEI Number</b> 56-2341653				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04262004 Chg-LLC CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  DAVID, MARY A 2333 BRICKELL AVE MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</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	MGRM CAMPUS DEVELOPMENT HOLDINGS, LLC 2333 BRICKELL AVE STE D-1 MIAMI, FL 33129		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> 			Clifford D. Rosen		4/26/04 305-859-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #