


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000034584</b> 1. Entity Name <b>CR-MERC DEVELOPMENT, LLC</b>	
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Principal Place of Business <b>2333 BRICKELL AVE</b> <b>D-1</b> <b>MIAMI FL 33129</b>	Mailing Address <b>2333 BRICKELL AVE</b> <b>D-1</b> <b>MIAMI FL 33129</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt #, etc.
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1st MOORE CR2E083 (10/06)

City & State  Zip	City & State  Zip	4. FEI Number <b>56-2341653</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>DAVID, MARY A</b> <b>2333 BRICKELL AVE</b> <b>MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City
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**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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>CAMPUS DEVELOPMENT HOLDINGS, LLC</b> <b>2333 BRICKELL AVE STE D -1</b> <b>MIAMI FL 33129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000744481</b> <b>05/15/07-80150-015-93700</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Clifford D. Rosen** **4/27/07** **305.859.4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #