

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90034 016 ****50.00

DOCUMENT # L03000036607					
1. Entity Name CRT ACQUISITION, LLC					
Principal Place of Business 225 N.E. MIZNER BLVD., SUITE 200 C/O KOGER EQUITY, INC. BOCA RATON, FL 33432			Mailing Address 225 N.E. MIZNER BLVD., SUITE 200 C/O KOGER EQUITY, INC. BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132005 Chg-LLC CR2E083 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROCKER, THOMAS J 225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUCKER, CHRISTOPHER 2951 FLOWERS RD SOUTH # 100 ATLANTA, GA 30341	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROCKWELL, THOMAS 225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BIANCO, ANGELO 225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ABNEY, STEVEN A 225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS AMARA, TODD J 225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP + CFO Terence D. McNally 225 NE MIZNER BLVD. STE 200 Boca Raton, FL 33432				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Amara, Todd J				
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.					
SIGNATURE: <u>Terence D. McNally</u> Terence D. McNally 4/21/05 561-395-9666					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					