## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT

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

DOCUMENT # L03000036609  1. Entity Name CRT BFC GP, LLC							04-2	27-2005	90034 0.	12 ****50	0.00
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						· 		11 <b>4 F</b> 3 ITU 1 <b>18</b> F
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0413200	05 Chg	-LLC	CR2E0	83 (10/03)	
City & State		City & State			4. FEI Nu NOT	mber APPLICA	BLE	_	<del></del>	oplied For ot Applicable	
Zip	D Country		Zip Country		try		ate of Status			\$5.00 Add Fee Require	
	6. Name	and Address of Current R	gistered Agent Name			7. Name	and Addres	s of New R	legistered /	\gent_	
GRAGG, K. LAWRENCE					ress (P.O. Box Nu	mber is Not	Accentable	-\ <u>-</u>			
MIAMI, FL		LVD., SUITE 4900			0.1901.7001	1033 (1 .O. DOX 110		Acceptable			
				,	City				FL	Zip Cod	e .
The above named entity submits this statement for the purpose of changing its registered office or registered ager the obligations of registered agent.							both, in the	State of Flo		amiliar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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Fi Do	ue by May	s \$50.00 y 1, 2005 MANAGING MEMBER	<del></del>	10.			A	Fiorida		ent of State	•
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9.	P CROCKE	y 1, 2005	<del></del>	TITLE NAME			A	Fiorida	Departm	ent of State	
9. TITLE NAME	P CROCKEI 225 NE M BOCA RA	MANAGING MEMBER	<del></del>	TITLE NAM STRE	E		A	Fiorida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CROCKEI 225 NE M BOCA RA	MANAGING MEMBER R, THOMAS J IZNER BLVD STE 200 TON, FL 33432	<del></del>	TITLE NAME STRE CITY	E ET ADDRESS -ST-ZIP		A	Fiorida	Departm	ent of State	
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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: Tevence D. M. Nally SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE U 561/395-9666