2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006
Secretary of State

DOCUMENT# L03000036609

Entity Name: CRT BFC GP, LLC

Current Principal Place of Business:

225 N.E. MIZNER BLVD., SUITE 200
C/O KOGER EQUITY, INC.
BOCA RATON, FL 33432

New Principal Place of Business:

225 N.E. MIZNER BLVD., SUITE 200
BOCA RATON, FL 33432

Current Mailing Address:

225 N.E. MIZNER BLVD., SUITE 200
C/O KOGER EQUITY, INC.
BOCA RATON, FL 33432

New Mailing Address:

225 N.E. MIZNER BLVD., SUITE 200
BOCA RATON, FL 33432

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	CROCKER, THOMAS J	
Address:	225 NE MIZNER BLVD STE 200	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	V	( ) Delete
Name:	BECKER, CHRISTOPHER	
Address:	2951 FLOWERS RD SOUTH # 100	
City-St-Zip:	ATLANTA, GA 30341	
Title:	V	( ) Delete
Name:	WAKEFIELD, BEN	
Address:	225 NE MIZNER BLVD STE 200	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	V	( ) Delete
Name:	BROCKWELL, THOMAS C	
Address:	225 NE MIZNER BLVD STE 200	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	VCF	( ) Delete
Name:	MCNALLY, TERRENCE D	
Address:	225 NE MIZANE BLVD, STE 200	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	VS	( ) Delete
Name:	AMARA, TODD J	
Address:	225 NE MIZNER BLVD STE 200	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN P RIGRISH MGR 08/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date