

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90034 033 \*\*\*\*50.00

**DOCUMENT # L04000026658**

1. Entity Name

CREC/BELL UNIVERSITY PLAZA, LLC



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE, SUITE 1002  
MIAMI, FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE, SUITE 1002  
MIAMI, FL 33133

2121 Ponce de Leon Blvd. #1250 2121 Ponce de Leon Blvd. # 1250  
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134



04262006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1044978

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
SITTERSON, P.A.  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WEISER, WARREN  
STREET ADDRESS 1665 SOUTH BAYSHORE DRIVE #1002  
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM  
NAME BROOKS, CAROL  
STREET ADDRESS 1665 SOUTH BAYSHORE DRIVE #1002  
CITY-ST-ZIP MIAMI, FL 33133

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

WARREN P. WEISER

4/28/06

Date

305-854-7342

Daytime Phone #