


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-04-2006 90034 034 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L05000001437</b>   |  |
| 1. Entity Name<br><b>CREC COLONIAL PROMENADE SHOPPING CENTER GP, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2665 SOUTH BAYSHORE DRIVE, SUITE 1002<br/>MIAMI, FL 33133<br/>2121 Ponce de Leon Blvd, #1250<br/>CORAL GABLES, FL 33134</b> | Mailing Address<br><b>2665 SOUTH BAYSHORE DRIVE, SUITE 1002<br/>MIAMI, FL 33133<br/>2121 Ponce de Leon Blvd, #1250<br/>CORAL GABLES, FL 33134</b> |
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|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
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04262006 Chg-LLC CR2E083 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-2223056</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |   |
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| 6. Name and Address of Current Registered Agent<br><b>STEARNS WEAVER MILLER WEISSLER ALHADEFF &amp; SITTERSON, P.A. 150 WEST FLAGLER ST., STE 2200<br/>MIAMI, FL 33130</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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 \_\_\_\_\_

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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>WEISER, WARREN<br/>2121 Ponce de Leon Blvd, #1250<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BROOKS, CAROL<br/>2121 Ponce de Leon Blvd, #1250<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** WARREN P. WEISER **4/28/06** **305-854-7342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #