2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# L05000013583

Entity Name: CRS PROPERTIES, LLC

Current Principal Place of Business:

13201 SW 30 COURT
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

13201 SW 30 COURT
DAVIE, FL 33330 US

New Mailing Address:

FEI Number: 86-1129639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HELP USA INC
855 SOUTH FEDERAL HIGHWAY
STE 215
BOCA RATON, FL 33432 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: MGRM ( ) Delete
Name: REYES, REYES
Address: 13201 SW 30TH COURT
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM ( ) Delete
Name: SALVI, RAUL
Address: 23391 WATER CIRCLE
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM ( ) Delete
Name: CAPPADORO, FRANCESCO
Address: 20185 E. COUNTRY CLUB DR. #701
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REYES, OSCAR
Address: 13201 SW 30TH COURT
City-St-Zip: DAVIE, FL 33330 US

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: OSCAR REYES MGRM 01/16/2006

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