

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90016 023 ***138.75

DOCUMENT # L05000013937

1. Entity Name
CRES PROPERTIES LLC



Principal Place of Business
**433 NORTH CAMDEN DR., STE. 520
BEVERLY HILLS, CA 90210**

Mailing Address
**433 NORTH CAMDEN DR., STE. 520
BEVERLY HILLS, CA 90210**

60002259



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2535652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONAHUE, MARK
550 S.E. MITZNER BLVD., UNIT B-110
BOCA RATON, FL 33432**

Name **Donahue, Mark**
Street Address (P.O. Box Number is Not Acceptable)
550 SE Mizner Blvd.
Unit B-110
City **Boca Raton, FL** Zip Code **33432**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DONAHUE, MARK**
STREET ADDRESS **550 S.E. MITZNER BLVD., UNIT B-110**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **MGRM** ☐ Delete
NAME **VAN ARNHEM, INGRID**
STREET ADDRESS **925 SOUTH FEDERAL HIGHWAY, STE. 100**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MGRM**
STREET ADDRESS **VAN ARNHEM, INGRID**
CITY-ST-ZIP **433 NORTH CAMDEN DR., STE. 520
BEVERLY HILLS, CA 90210**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/08 1-937-609-6100