

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90049 025 ****50.00

DOCUMENT # L05000024083 1. Entity Name CRANE CREEK PARTNERS, LLC					
Principal Place of Business 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143				Mailing Address 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143	
2. Principal Place of Business 7301 SW 57 CT Suite, Apt. #, etc. # 440 City & State South Miami - FL Zip 33143		3. Mailing Address 7301 SW 57 CT Suite, Apt. #, etc. # 440 City & State South Miami - FL Zip 33143		4. FEI Number 20-2476153 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent MATTAWAY, L. RICHARD 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57 CT Suite 440 City South Miami		State FL Zip Code 33143			
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 5/9/2006 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	MANAGING MEMBER RB CRANE CREEK, LLC 7301 SW 57 CT, Suite #440 SOUTH MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	MANAGING MEMBER L. RICHARD MATTAWAY 7301 SW 57 CT, Suite #440 SOUTH MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	MANAGING MEMBER BRANDON LUISE 7301 SW 57 CT, Suite #440 SOUTH MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 provided 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:		Date: 4/17/06		Daytime Phone #: 305-662-1421	
L.R. Mattaway					

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