

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000024083

1. Entity Name

CRANE CREEK PARTNERS, LLC



Principal Place of Business

7301 SW 57 CT  
# 440  
SOUTH MIAMI, FL 33143 US

Mailing Address

7301 SW 57 CT  
# 440  
SOUTH MIAMI, FL 33143 US



01152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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  
7301 SW 57 CT  
SUITE 440  
SOUTH MIAMI, FL 33143

**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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RB CRANE CREEK, LLC
STREET ADDRESS	7301 SW 57 CT, SUITE # 440
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	MGRM
NAME	MATTAWAY, RICHARD L
STREET ADDRESS	7301 SW 57 CT, SUITE # 440
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	MGRM
NAME	BRANDON, LURIE
STREET ADDRESS	7301SW 57 CT, SUITE # 440
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000942663  
05/29/08-80026-016 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4/25/08