

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-24-2006 90049 021 \*\*\*\*50.00

<b>DOCUMENT # L05000024094</b> 1. Entity Name <b>R-B CRANE CREEK, LLC</b>			
Principal Place of Business <b>1501 SUNSET DRIVE, 2ND FLOOR</b> <b>CORAL GABLES, FL 33143</b>		Mailing Address <b>1501 SUNSET DRIVE, 2ND FLOOR</b> <b>CORAL GABLES, FL 33143</b>	
2. Principal Place of Business <b>7301 SW 37 court</b> Suite, Apt. #, etc. <b># 440</b> City & State <b>South Miami - FL</b> Zip <b>33143</b>		3. Mailing Address <b>7301 SW 37 ct</b> Suite, Apt. #, etc. <b># 440</b> City & State <b>South Miami - FL</b> Zip <b>33143</b>	
4. FEI Number <b>20-2476064</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>MATTAWAY, L. RICHARD</b> <b>1501 SUNSET DRIVE, 2ND FLOOR</b> <b>CORAL GABLES, FL 33143</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable). <b>7301 SW 37 CT.</b> <b>Suite #440</b> City <b>South Miami</b> FL Zip Code <b>33143</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>		DATE <b>5/9/2006</b>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>5/17/06</b> DAYTIME PHONE <b>305-662-1421</b>	

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