2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L05000096683 03-01-2006 90226 013 ****50.00 1. Entity Name CROFT STATION, L.L.C. Principal Place of Business Mailing Address 5300 NORTH FEDERAL HIGHWAY 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State 11-3762828 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEAVER, JEFFERSON Street Address (P.O. Box Number is Not Acceptable) 5300 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308 City Zip Code 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 -(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition TITLE ☐ Delete MGR NAME HOROWITZ, HY STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-78P FT. LAUDERDALE FL 33308 TITLE MGR ☐ Delete TITLE ☐ Change ■ Addition NAME HOROWITZ, BRIAN NAME STREET ADDRESS STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY CITY-ST-7IP CITY-ST-7IP FT. LAUDERDALE FL 33308 ☐ Delete TITLE ☐ Change ☐ Addition TITLE MGR NAME NAME RAUCH, MICHAEL STREET ADDRESS STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete Change Addition TITLE MGR NAME WEAVER, JEFFERSON H NAME STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33308 ☐ Defete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

Mar 01, 2006 8:00 am

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 his report as required by Chapter 608, Florida Statutes.

SIGNATURE: Brian Horowitz - Manger Feb 15 2 306 954-650-5085