2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000006341

1. Entity Name
WSG CR MANAGEMENT MIAMI, LLC

60031226

Principal Place of Business	Mailing Address
400 ARTHUR GODFREY ROAD, STE. 200	400 ARTHUR GODFREY ROAD, STE. 200
MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140

03182008 No Chg-LLC   CR2E083 (12/07)

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4. FEI Number		Applied Fc
20 - 4133940		Not Applic
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER, 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

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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 acc 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	MGR
NAME	SHEPPARD, E
STREET ADDRESS	400 ARTHUR GODFREY BLVD. SUITE 200
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 informat 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4/24/08