

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013271

FILED
Jul 02, 2007
Secretary of State

Entity Name: CRESPI POINT INVESTMENTS 01-06, LLC

Current Principal Place of Business:

7220 N.W. 36TH STREET, SUITE 309
MIAMI, FL 33166

New Principal Place of Business:

8390 N.W. 53RD STREET, SUITE 110
MIAMI, FL 33166

Current Mailing Address:

7220 N.W. 36TH STREET, SUITE 309
MIAMI, FL 33166

New Mailing Address:

8390 N.W. 53RD STREET, SUITE 110
MIAMI, FL 33166

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONCADA, PEDRO
7220 N.W. 36TH STREET, SUITE 309
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

MONCADA, PEDRO
8390 N.W. 53RD STREET, SUITE 110
MIAMI, FL 33166 US

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.

SIGNATURE: PEDRO MONCADA

07/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONCADA, PEDRO
Address: 7220 N.W. 36TH STREET, SUITE 309
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MONCADA, PEDRO
Address: 8390 N.W. 53RD STREET, SUITE 110
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEDRO MONCADA

MGR

07/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date