


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90039 004 ****50.00

DOCUMENT # L06000013828	
1. Entity Name CROCKER-WPB CITY PLACE LLC	

Principal Place of Business 225 NE <u>225</u> MIZNER BLVD. SUITE 200 BOCA RATON, FL 33432	Mailing Address 225 NE <u>225</u> MIZNER BLVD. SUITE 200 BOCA RATON, FL 33432
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60040397



2. Principal Place of Business - No P.O. Box # <u>225 NE Mizner Blvd</u>	3. Mailing Address <u>225 NE Mizner Blvd.</u>
Suite, Apt. #, etc. <u>200</u>	Suite, Apt. #, etc. <u>200</u>
City & State <u>Boca Raton, FL</u>	City & State <u>Boca Raton, FL</u>
Zip <u>33432</u> Country <u>USA</u>	Zip <u>33432</u> Country <u>USA</u>

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**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
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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 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: Todd J. Amara Todd J. Amara 4/19/07 561-447-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #