

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 DEC 31 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000075751 1. Entity Name CRNC RE, LLC					
Principal Place of Business 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410			Mailing Address 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box # 2979 PGA BOULEVARD Suite, Apt. #, etc.		3. Mailing Address 2979 PGA BOULEVARD Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		4. FEI Number 20-5299263	
Zip 33410		Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name REGISTERED AGENT SOLUTIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DRIVE, SUITE A City TALLAHASSEE FL Zip Code 32301	
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 <u>[Signature]</u> 1/7/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALCZAK, PAUL 2979 PGA BLVD PALM BEACH GARDENS, FL 33410	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAGO, ELIZABETH 2979 PGA BLVD PALM BEACH GARDENS, FL 33410	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIER, JOSEPH 2979 PGA BLVD PALM BEACH GARDENS, FL 33410	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	☐ Delete			
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 trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			L. SELLERS JAN 10 2008 EXAMINER		
SIGNATURE: <u>Scott Krieger</u> , Vice President/Assistant Secretary Nov. 1, 2007 (323) 651-1808 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					