

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90239 026 ***138.75

DOCUMENT # L06000106108

1. Entity Name

CR FLORIDA MANAGEMENT LLC



Principal Place of Business

C/O STEVEN A. SCIARETTA, ESQ.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON FL 33431

Mailing Address

C/O STEVEN A. SCIARETTA, ESQ.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON FL 33431



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCIARETTA, STEVEN A PA
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RUBENFELD, CARYL
STREET ADDRESS 2799 NW BOCA RATON BLVD., SUITE 203
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGR ☒ Change ☐ Addition
NAME Rubenfeld Caryl
STREET ADDRESS 6959 College CT
CITY-ST-ZIP DAVID FL 33317

TITLE MGR ☐ Delete
NAME RUBENFELD, KEN
STREET ADDRESS 2799 NW BOCA RATON BLVD SUITE 20
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGR ☒ Change ☐ Addition
NAME Rubenfeld Ken
STREET ADDRESS 6959 College CT
CITY-ST-ZIP DAVID FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Caryl Rubenfeld

3/3/08 954-471 8513