

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116112

Entity Name: SOUTHDALE CRP LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

3399 PGA BOULEVARD
SUITE 450
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4801 PGA BOULEVARD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

3399 PGA BOULEVARD
SUITE 450
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4801 PGA BOULEVARD
PALM BEACH GARDENS, FL 33418

FEI Number: 20-5987881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER D. CUMMINGS & ASSOCIATES, INC.
3399 PGA BOULEVARD
SUITE 450
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

PETER D. CUMMINGS & ASSOCIATES, INC.
4801 PGA BOULEVARD
PALM BEACH GARDENS, FL 33418 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:

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMMUNITY REINVESTME, NT PARTNERS, L P
Address: 3399 PGA BOULEVARD, SUITE 450
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COMMUNITY REINVESTME, NT PARTNERS, L P
Address: 4801 PGA BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH L. CUMMINGS

VP

04/11/2007

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