2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000572

Entity Name: COMMUNITY REINVESTMENT GROUP, L.C.

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1001 EAST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

20295 NE 29TH PL ATTN: JANE MATTHEWS AVENTURA, FL 33180

FEI Number: 65-0603351 FEI Number Applied For () 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: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BANKATLANTIC, F.S.B. Name: Name: 2100 WEST CYPRESS CREEK RD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BANK OF AMERICA Name: Name: Address: 701 BRICKELL AVENUE Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BANK UNITED, F.S.B. Name: Name: Address: 7815 NW 148TH ST Address: City-St-Zip: MIAMI, FL 33016 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition OCEAN BANK Name: Name: Address: 780 NW 42 AVE Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TURNBERRY BANK Name: Name: 20295 NE 29TH PL Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TOTAL BANK Name: Name: Address: 17945 FRANJO RD Address: MIAMI, FL 33157 City-St-Zip: City-St-Zip:

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: JANE T. MATTHEWS **MGRM** 06/23/2009