


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90132 027 \*\*\*\*55.00

<b>DOCUMENT # L99000004717</b>	
1. Entity Name <b>CRICKLEWOOD SOUTH, LLC</b>	

Principal Place of Business <b>P.O. BOX 36 MT DORA, FL 32756</b>	Mailing Address <b>P.O. BOX 36 MT DORA, FL 32756</b>
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2. Principal Place of Business <b>416 Palm Ave</b>	3. Mailing Address <b>416 Palm Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

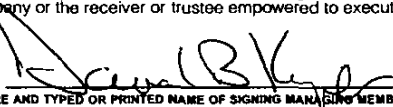
City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale FL</b>
Zip <b>33312</b>	Country <b>Broward</b>

6. Name and Address of Current Registered Agent <b>DAWSON, KEN 888 SOUTH ANDREWS SUITE 204 FORT LAUDERDALE, FL 33316</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KYNER, DAVID B P.O. BOX 36 MT DORA, FL 32756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>416 Palm Ave Fort Lauderdale, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWENSTEN, STEVEN C P.O. BOX 36 MT DORA, FL 32756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>416 Palm Ave Fort Lauderdale, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: <b>1-20-06</b> Daytime Phone #: <b>954 552-9495</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	