

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007294
 1. Entity Name
CROSS CREEK REALTY MANAGEMENT, LLC

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 18 PM 12:46

Principal Place of Business Mailing Address
 380 MADISON AVENUE, 24TH FLOOR 380 MADISON AVENUE, 24TH FLOOR
 NEW YORK NY 10017 NEW YORK NY 10017-2513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 40 DENIS CROVIN 380 MADISON AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 N.Y. N.Y.
 Zip Country Zip Country
 10017 USA

4. FEI Number Applied For
 13-4095812 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Member (Sole)
STREET ADDRESS		STREET ADDRESS	Denis F. Cronin
CITY - ST - ZIP		CITY - ST - ZIP	380 madison Avenue 24th Floor New York, NY 10017
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 1/10/00 (212) 692-0004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)