

# 2000 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:45

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DOCUMENT # **L99000007296**

1. Entity Name  
**CROSS CREEK REALTY HOLDINGS, LLC**

Principal Place of Business  
**380 MADISON AVENUE, 24TH FLOOR  
NEW YORK NY 10017**

Mailing Address  
**380 MADISON AVENUE, 24TH FLOOR  
NEW YORK NY 10017-2513**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**40 DENIS CRONIN**

3. Mailing Address  
**380 MADISON AVE**

City & State  
**N.Y. N.Y.**

Zip  
**10017**

City & State

Zip

4. FEI Number  
**Applied For**  Applied For  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	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<b>Cross Creek Realty Management, LLC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>380 Madison Avenue</b>
CITY-ST-ZIP	<b>24th Floor New York, NY 10017 (managing member)</b>
TITLE NAME	<b>Wf 2/29/00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<b>200003155922--0</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>03/03/00--01017--008</b>
CITY-ST-ZIP	<b>*****50.00</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 OF DENIS CRONIN** 1/13/00 (212)692-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)