2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 06, 2005 08:00 AM Secretary of State

DOCUMENT # L9900007296 1. Entity Name CROSS CREEK REALTY HOLDINGS, LLC					Sec	retary	of State	
Principal Place of Business C/O DENIS CRONIN C/O DENIS CRONIN RO MADISON AVE., 24TH FLOOR NEW YORK, NY 10017 Mailing Address C/O DENIS CRONIN 380 MADISON AVE., 24 NEW YORK, NY 10017		C/O DENIS CRONIN 380 MADISON AVE., 24TH FLO	OOR	1 (3 h) 5 (3 h)		 1	A 18/8 A 18/8 (18/8)	
DO NOT WRITE IN THIS SPA			CE	07062005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired 5. Certificate Pagulired 5. Certificate Status Desired □ Sta				
	6. Name and Address of Curren	t Registered Agent	ļ 		····		·	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement ions of registered agent.	for the purpose of changing its register	red office or register	ed agent, or both,	in the State of Flo	rida. I am famili	ar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE, Register)	ad Agent signature required	when reinstating)		DATE	<u> </u>	
	ing Fee is \$50.00 by September 7, 2005	<u> </u>				7. 1		
9.	MANAGING MEME	BERS/MANAGERS	<u> </u>	<u> </u>			<u> </u>	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	MGRM CROSS CREEK REALTY MAN 380 MADISON AVE., 24TH FLO NEW YORK, NY 10017							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE				
TITLE								

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 PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

8/30/05

(212)692-008

Daytime Phone A