

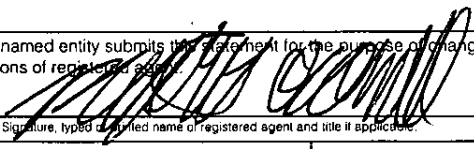
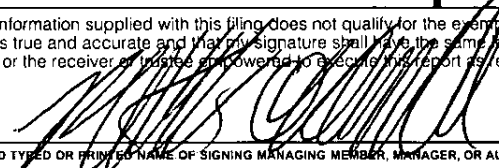


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90111 036 ***138.75

DOCUMENT # L99000008331					
1. Entity Name CROTON PROPERTIES LLC					
Principal Place of Business 321 CROTON WAY WEST PALM BEACH, FL 33401			Mailing Address 321 CROTON WAY WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 610 Clementis Street Suite, Apt. #, etc. Apt. 808 City & State West Palm Beach, FL Zip 33401 Country USA		3. Mailing Address PO BOX 3917 Suite, Apt. #, etc. City & State West Palm Beach, FL Zip 33402 Country USA		60023439 	
03312008 Chg-LLC CR2E083 (12/06)				4. FEI Number 65-6370896	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'CONNELL, PHIL D JR. 321 CROTON WAY WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Patrick O'Connell Street Address (P.O. Box Number is Not Acceptable) 179 Lake Arbor Drive City Palm Springs, FL Zip Code 33461		
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  DATE 4/9/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME O'CONNELL, PHIL D JR. STREET ADDRESS 321 CRONTON WAY CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE MGR NAME PATRICK M. O'CONNELL STREET ADDRESS 179 Lake Arbor Drive CITY-ST-ZIP Palm Springs, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE MGR NAME O'CONNELL, LINDA L STREET ADDRESS 321 CRONTON WAY CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE MGR NAME MARY KATE WELSH STREET ADDRESS 397 Lake Arbor Drive CITY-ST-ZIP Palm Springs, FL 33461	<input type="checkbox"/> Change <input checked="" 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 4/9/08 313-1850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					