


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90226 024 ****50.00

DOCUMENT # M01000000937 1. Entity Name CRT-SFV, LLC			
Principal Place of Business 225 NE MIZNER BLVD BOCA RATON, FL 33432		Mailing Address 225 NE MIZNER BLVD BOCA RATON, FL 33432	
2. Principal Place of Business 11700 Great Oaks Way Suite, Apt. #, etc. Suite 340 City & State Alpharetta, GA Zip 30022		3. Mailing Address 11700 Great Oaks Way Suite, Apt. #, etc. Suite 340 City & State Alpharetta, GA Zip 30022	
4. FEI Number 65-0794441		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE WHITE & CASE LLP 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROCKER, THOMAS J 225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREW CUNNINGHAM 410 PARTHENON REALTY, LLC 11700 GREAT OAKS WAY ALPHARETTA, GA 30022 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ONISKO, ROBERT E 225 NE MIZNER BLVD STE 200 BOCA RATON, FL 33432 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL DREILINGER 410 PARTHENON REALTY, LLC 11700 GREAT OAKS WAY ALPHARETTA, GA 30022 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUTTHANS, KIM E 1209 ORANGE STREET WILMINGTON, DE 19801 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0794441

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6. Name and Address of Current Registered Agent
**GRAGG, K. LAWRENCE
WHITE & CASE LLP
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code


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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:  **2/25/04** **678-746-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #