2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 24 AM 9:43

DOCUMENT # M01000001022

1. Entity Name
CRT-SFV/TENN, LLC

Principal Place of Business	Mailing Address
11700 GREAT OAKS WAY SUITE 340 ALPHARETTA, GA 30022	11700 GREAT OAKS WAY SUITE 340 ALPHARETTA, GA 30022

07082005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0794441
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	VP
NAME	CUNNINGHAM, DREW
STREET ADDRESS	%PARTHENON REALTY 11700 GREAT OAKS WAY
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	VP
NAME	DREILINGER, MICHAEL
STREET ADDRESS	%PARTHENON REALTY 11700 GREAT OAKS WAY
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	MGR
NAME	FERRUCCI, MARK A
STREET ADDRESS	225 NE MIZNER BLVD STE 200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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08/30/05--01058--006 **50.00

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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: _____ 7/20 678 746-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #