

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90131 021 ****50.00

DOCUMENT # M04000001531					
1. Entity Name COMMUNITY REINVESTMENT PARTNERS, LLC					
Principal Place of Business 8000 NORTH FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33486			Mailing Address 8000 NORTH FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33486		
2. Principal Place of Business 3399 PGA BLVD. Suite, Apt. #, etc. SUITE 450			3. Mailing Address 3399 PGA BLVD. Suite, Apt. #, etc. SUITE 450		
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		4. FEI Number 33-1001163	
Zip 33410		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131-3029				7. Name and Address of New Registered Agent Name PETER D. CUMMINGS & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD, SUITE 450 City PALM BEACH GARDENS FL Zip Code 33410	
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 <u>DAVID A. DEAN VICE PRESIDENT</u> DATE _____ <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, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, PETER H 8000 NORTH FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUMMINGS, PETER D. 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUMMINGS, PETER D 8000 NORTH FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUMMINGS, KEITH L. 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUMMINGS, KEITH L 8000 NORTH FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUMMINGS, KEITH L. 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>KEITH L. CUMMINGS</u> <u>2-15-05</u> <u>(561) 630-6110</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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