2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90291 022 ****50.00

DOCUMENT # M04000002424

1. Entity Name
CROSS CREEK APARTMENTS I, LLC

Principal Place of Business	Mailing Address
500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049	500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049

03232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12100 WILSHIRE BLVD	12100 WILSHIRE BLVD
Suite, Apt. #, etc.: #250	Suite, Apt. #, etc.: #250
City & State: LOS ANGELES, CA	City & State: LOS ANGELES, CA
Zip: 90025 Country: USA	Zip: 90025 Country: USA

4. FEI Number: 010816099 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 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 TUSSIE, CHERYL A 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARNEY, LINDA L 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NATHAN, RICHARD 500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 12100 WILSHIRE BLVD #250 LOS ANGELES, CA 90025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DUBUCLET, PIETRA L 500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 12100 WILSHIRE BLVD. #250 LOS ANGELES, CA 90025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COUVILLON, CONSTANCE E 500 SOUTH SEPULVEDA BLVD., SUITE 303 LOS ANGELES, CA 90049	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 12100 WILSHIRE BLVD. #250 LOS ANGELES, CA 90025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3-22-05 310-826-7301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #