

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90379 001 *1,600.00

DOCUMENT # M04000002424

1. Entity Name
CROSS CREEK APARTMENTS I, LLC



Principal Place of Business

12100 WILSHIRE BLVD
STE 250
LOS ANGELES, CA 90025 US

Mailing Address

12100 WILSHIRE BLVD
STE 250
LOS ANGELES, CA 90025 US



03162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0816099

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES INC
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TUSSIE, CHERYL A 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARNEY, LINDA L 103 FOULK ROAD, SUITE 101 WILMINGTON, DE 19803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NATHAN, RICHARD 12100 WILSHIRE BLVD STE 250 LOS ANGELES, CA 90025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUBUCLET, PIETRA L 12100 WILSHIRE BLVD STE 250 LOS ANGELES, CA 90025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COUVILLON, CONSTANCE E 12100 WILSHIRE BLVD STE 250 LOS ANGELES, CA 90025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

5/11/2007

Date

(310) 826-7301

Daytime Phone #