2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002424

1. Entity Name CROSS CREEK APARTMENTS I, LLC



FILED

Apr 04, 2008 8:00 am Secretary of State

04-04-2008 90138 024 ***138 75

Principal Place of Business Mailing Address 60019879 12100 WILSHIRE BLVD 12100 WILSHIRE BLVD STE 250 **STE 250** LOS ANGELES, CA 90025 LOS ANGELES, CA 90025 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2F083 (12/06) Cha-LLC Applied For 4. FFI Number City & State City & State 01-0816099 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGR Addition Delete TITLE ☐ Change TITLE Commercial ventures, Inc. 12100 wilshire Blvd., Suite 250 TUSSIE, CHERYL A NAME NAME 103 FOULK ROAD, SUITE 101 STREET ADDRESS STREET ADDRESS Los Angeles, CA 90025 CITY-ST-ZIP WILMINGTON, DE 19803 Delete MGRM ☐ Change ☐ Addition TITLE TITLE CARNEY, LINDA L NAME NAME 103 FOULK ROAD, SUITE 101 STREET ADDRESS STREET ADDRESS WILMINGTON, DE 19803 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME NATHAN, RICHARD NAME 12100 WILSHIRE BLVD STE 250 STREET ADDRESS STREET ADDRESS LOS ANGELES, CA 90025 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition MGRM TITLE TITLE DUBUCLET, PIETRA L NAME NAME STREET ADDRESS STREET ADDRESS 12100 WILSHIRE BLVD STE 250 CITY-ST-ZIP LOS ANGELES, CA 90025 CITY-ST-7(P Delete TITLE ☐ Change ☐ Addition MGRM TITLE COUVILLON, CONSTANCE E NAME NAME STREET ANORESS STREET ADDRESS 12100 WILSHIRE BLVD STE 250 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90025 ☐ Delete TITLE ☐ Change ☐ Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kichard Nathan Pres.