## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # M0400002831  1. Entity Name CRT BM GP LLC						04-27-2005	90034 019 ****5	50.00
Principal Place of Business Mailing Address						14002	uxz	
225 NE MIZNER BLVD, STE 200 BOCA RATON, FL 33432		225 NE MIZNER BLVD, STE 200 BOCA RATON, FL 33432		1 ( <b>187) 1 (</b> 1				
2. Principal Place of Business		3. Mailing Address						
. Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132005	Chg-LLC	CR2E083 (10/03)	)	
City & State		City & State		4. FÉI Numb	er	<del>  </del>	pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	☐ \$5.00 Ac Fee Requir	
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New R	legistered Agent	
WEDGE V	AGI 1 1 A B A I			Name	•			
	ZNER BLVD, STE 200 TON, FL 33432		Street Address (P		ss (P.O. Box Numb	er is Not Acceptable	9)	
				City			FL Zip Co	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regis	stered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	F: Barristaror	d Agent signature requ			DATE	
		.,	e. noglotoro	a rigani aiginama i oq	ured when reinstating)		DATE	
FI	iling Fee is \$50.00 ue by May 1, 2005				ured when reinstaing)		e check payable to a Department of Sta	te
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEF		10.	a rigorit aggi mano i oqi	wied when revisialing)		se check payable to a Department of Sta	te
9. TITLE	MANAGING MEMBER		10.	:	(Med when reinszaung)	Florida	se check payable to a Department of Sta	te Addition
9. TITLE NAME	MANAGING MEMBER  MGR  CROCKER, THOMAS J	RS/MANAGERS	10. TITLE	: E	ured when rekrisiziong)	Florida	te check payable to a Department of Sta /CHANGES	
9. TITLE	MANAGING MEMBER MGR CROCKER, THOMAS J 225 NE MIZNER BLVD, STE 200	RS/MANAGERS	10. TITLE NAME STREE	:	ured when rekrissang)	Florida	te check payable to a Department of Sta /CHANGES	
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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: MINING OR PRINTED NAME OF SIGNING MAN

Tevence D. HC Wally

4/21/05

561-395.9666

Daytime Phone