2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# M04000002831

Entity Name: CRT BM GP LLC

Current Principal Place of Business:

225 NE MIZNER BLVD, STE 200
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

225 NE MIZNER BLVD, STE 200
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEDGE, WILLIAM J
225 NE MIZNER BLVD, STE 200
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	CROCKER, THOMAS J	
Address:	225 NE MIZNER BLVD, STE 200	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	MGR	( ) Delete
Name:	BROCKWELL, THOMAS C	
Address:	225 NE MIZNER BLVD, STE 200	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	MGR	( ) Delete
Name:	DUVA, VICTOR A	
Address:	1209 ORANGE ST	
City-St-Zip:	WILMINGTON, DE 19801	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN RIGRISH MGRM 03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date