

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003238

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** CROWN POINTE 168, LLC

**Current Principal Place of Business:**

1200 EAST PONCE DE LEON BLVD.  
MIAMI, FL 33134

**New Principal Place of Business:**

14160 PALMETTO FRONTAGE ROAD  
#21  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

1200 EAST PONCE DE LEON BLVD.  
MIAMI, FL 33134

**New Mailing Address:**

14160 PALMETTO FRONTAGE ROAD  
#21  
MIAMI LAKES, FL 33016

FEI Number: 20-1872368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOSCHETTI, JOSE R  
1200 PONCE DE LEON BLVD., 1ST FLOOR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

VILARELLO, ALEJANDRO ESQ  
14160 PALMETTO FRONTAGE ROAD  
#21  
MIAMI LAKES, FL 33016 US

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: ALEJANDRO VILARELLO

04/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CROWNE POINTE MEZZ., LLC  
Address: 1200 PONCE DE LEON BLVD., 1ST FLOOR  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CROWNE POINTE MEZZ., LLC  
Address: 14160 PALMETTO FRONTAGE ROAD #21  
City-St-Zip: MIAMI LAKES, FL 33016

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: MARTY CAPARROS, JR

MGR

04/24/2006

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