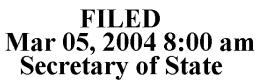
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # M9800000333 1. Entity Name CRT-GP, LLC						03-05-2004 90226 027 ****50.00				
Principal Place 225 NE MIZN SUITE 200 BOCA RATON	Mailing Address 225 NE MIZNER BLVD. SUITE 200 BOCA RATON, FL 33432	NE MIZNER BLVD. E 200 A RATON, FL 33432								
2. Principal P 11 700 Suite, Apt. Suite	Place of Business Great Caks Way #, etc. 340	3. Mailing Address 1/700 Great Cats Way Suite, Apt. #, etc. Suite 340			6 y 01222004	01222004 Chg-LLC CR2E083 (10/03)				
City & State Alphare	е , ,	City & State Alpharetta, GA			4. FEI Numb				plied For Applicable	
zip 3002∶	Country	3002a	Count	try	5. Certificate	of Status Desired		5.00 Addi ee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered Ag	jent		
GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI. FL 33131				Street Address (P.O. Box Number is Not Acceptable)						
			City	FL 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 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, 2004					· · · · · · · ·	Florid	ke check pa la Departmei			
9. TITLE	MANAGING MEMBERS/MANAGERS · · · · · 10. MGRM □ Delete IIITLI				* ***	ADDITIONS	/CHANGES	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CROCKER OPERATING PARTNERSHIP, L.P. 225 NE MIZNER BLVD., SUITE 200			E ET ADDRESS //	700 Gre Ophare tto	at Oaks	ωε. _Σ , 3 <i>0</i> 0		_	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	4	ı				☐ Change	Addition	
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TITLE NAME ::	A	Delete				<u>.</u>	. <u>.</u>	Change	☐ Addition	
11. I hereby certify that the information supplied with this filing does not quality 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.										