

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000001406**

1. Entity Name  
**CRESA PARTNERS, LLC**



Principal Place of Business  
**1200 BRICKELL AVENUE, SUITE 750  
MIAMI, FL 33131**

Mailing Address  
**1200 BRICKELL AVENUE, SUITE 750  
MIAMI, FL 33131**



04282004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3420885**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SAWYER, EDWARD E  
200 S. BISCAYNE BLVD., #4900  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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**

1100000156230  
05/05/04-80069-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOADE, WILLIAM W 84 STATE STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PREVE, DAVID J 1200 BRICKELL AVENUE, SUITE 750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, GERALD A 11726 SAN VICENTE BLVD., #500 LOS ANGELES, CA 90049
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, JOHN 550 S. WINCHESTER BLVD., #600 SAN JOSE, CA 95128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day/Time Phone #

4/30/04 305-3758000