

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 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**



02242006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

000000447398
03/08/06-80055-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/24/2006

Date

3053758000

Daytime Phone #