2000 UNIFORM BUSINESS REPORT (UBR)

001209 AF

DOCUMENT # A29217

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

CROWN SQUARE I, LTD.

Principal Place of Business	Mailing Address
1396 CHESSINGTON CIRCLE LAKE MARY FL 32746	1396 CHESSINGTON CIRCLE LAKE MARY FL 32746-1919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2978758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESLEY, MALORY F 1396 CHESSINGTON CIRCLE LAKE MARY FL 32746	Name 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	FEINBERG, IRVING TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1396 CHESSINGTON CIRCLE		
CITY-ST-ZIP	LAKE MARY FL 32746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Malory Presley SIGNATURE REQUIRED MALORY F. PRESLEY, TRUSTEE 4/07-804-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER IRVING FEINBERG REVOCABLE TRUST Date Daytime Phone #