## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000002762						FILED						
1. Entity Name FREDERIC AND CATHERINE CREHAN LLC					01 MAR 28 PM 2: 12						₽	
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA							
1605 MAIN STREET. SUITE 912 1605 MAIN STREET. SUITE 91 SARASOTA FL 34236 SARASOTA FL 34236												
ONINOOTA TE	. 0.200				li	<b>     </b>	 	<b>                                   </b>				
Principal Place of Business     Amailing Address												
Suite, Apt. #, etc. Suite, /		ite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
										plied For	7	
City & State		City & State			Not A				t Applicable			
Zip	Country Z	ip C	Country		5. Certific	ate of Stat	us Desired		\$5.00 Add Fee Required			
	6. Name and Address of Current Regist	ered Agent	Name		7. Name	and Addre	ss of New R	egistered	Agent		}	
SCOVILL, H. WILLIAM				Street Address (P.O. Box Number is Not Acceptable)								
1605 MAIN STREET, SUITE 912 SARASOTA FL 34236							н					
• • • • • • • • • • • • • • • • • • • •			City					FI	Zíp Code	9	1	
8. The above	named entity submits this statement for the pr	urpose of changing its regi	stered office o	r registere	d agent, or	both, in th	e State of Flo	rida.				
SIGNATURE _		<del>-</del> .	~									
	Signature, typed or printed name of registered agent and title if		istered Agent signal		when reinstating			DATE	<del></del>			
		FILE NOW! Make Check Payab			State							
9.	. MANAGING MEMBERS/M		10.	1			ADDITIONS/	CHANGE		<b></b> Addition	6	
TITLE NAME	5505 Cape Leyte Drive	Very □ Delete	NAME	CAT	sening	L ( ፋቦቲ	25415	DR	☐ Change	(A) Audition	(11/0	
STREET ADDRESS CITY-ST-ZIP	Sarasota FL 34242		STREET ADDRESS CITY-ST-ZIP	SAA	V 2	A 2 V ~					(2E083 (11/00)	
TITLE		☐ Delete	TITLE NAME	;					☐ Change	Addition	8	
NAME STREET ADDRESS CITY-ST-ZIP	1/1 8.1	h / ly se	STREET ADDRESS			500	947 m	701C	)10630	16		
TITLE	- / / · · · · · · · · · · · · · · · · ·	Delete	TITLE		<del></del>		*****	_لِالله لِلا		Addition		
NAME STREET ADDRESS	· · · · · .		STREET ADDRESS		•		· -	_				
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE					,	☐ Change	Addition		
NAME		Delete	NAME									
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP									
TITLE NAME		☐ Detete	TITLE NAME					``	Change	Addition		
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP									
TITLE ·			TITLE	<del>                                     </del>			· · · ·		☐ Change	Addition	1	
NAME STREET ADDRESS		l	NAME STREET ADDRESS									
CITY-ST-ZIP			CITY-ST-ZIP									
indicated o	ertify that the information supplied with this fill on this report is true and accurate and that m oility company or the receiver or trustee empo	signature shall have the s	same legal effe	ect as if ma	ade under d	oath: that I	am a manac					