

**2002 UNIFORM BUSINESS REPORT (UBR)**

8/18  
\* 4.

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90125 020 \*\*\*\*50.00  
04-03-2002 90017 023 \*\*\*\*50.00

**DOCUMENT # L00000002762**

1. Entity Name  
**FREDERIC AND CATHERINE CREHAN LLC**

Principal Place of Business      Mailing Address  
**1605 MAIN STREET, SUITE 912**      **1605 MAIN STREET, SUITE 912**  
**SARASOTA FL 34236**                      **SARASOTA FL 34236**

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 **APPLIED FOR**      Applied For  
**65-1005923**                              Not Applicable

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

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

**7. Name and Address of New Registered Agent**

**SCOVILL, H. WILLIAM**  
**1605 MAIN STREET, SUITE 912**  
**SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>CREHAN, CATHERINE I</b> <b>5505 CAPE LEYTE DR</b> <b>SARASOTA FL 34242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>CREHAN, FREDERIC M</b> <b>5505 CAPE LEYTE DR</b> <b>SARASOTA FL 34242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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]*      **SIGNATURE REQUIRED**      **8/5/02**      **941-344-4569**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (4/02)