8/5/2003-90027-044-$50.00-$50.00 *
8/5 1/30/2003-90043-014-$50.00-$50.00
1/3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:41

10/08

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003072

1. Entity Name
C&G REALTY AT QUIET WATERS 5, LLC

Tenant #5

Principal Place of Business: Jims Bicycle, 354 S. Powerline Rd. Deerfield Beach Fl.

Mailing Address: Tenant 3, Sanchez Marketing, 350 S. Powerline Rd, Deerfield Beach Fl.

[redacted]

[redacted]

2. Principal Place of Business — Home	3. Mailing Address
20027 Waters Edge Drive	20027 Waters Edge Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL 33434	City & State: Boca Raton, FL 33434
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0616843 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCRM CORP.
2200 CORPORATE BLVD., N.W.
SUITE 401
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Typo in Name - HCRM Corp.
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: Norman Chadwick — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: Sept 9 '03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tenant: Jims Bicycle #5, 354 S. Powerline Rd. Deerfield Beach Fl. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: Norman Chadwick — August 1, 2003 — (561) 483-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

585
748
9426