

2001 UNIFORM BUSINESS REPORT (UBR)

0001248 AF

DOCUMENT # A29217

1. Entity Name

CROWN SQUARE I, LTD., L.L.P.

FILED

Principal Place of Business

1396 CHESSINGTON CIRCLE
LAKE MARY FL 32746

Mailing Address

1396 CHESSINGTON CIRCLE
LAKE MARY FL 32746

01 APR 18 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FL



2. Principal Place of Business

1578 Shadowmoss Circle
Suite, Apt. #, etc.

3. Mailing Address

1578 Shadowmoss Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Mary FL

City & State

Lake Mary FL

4. FEI Number

59-2978758

Applied For

Not Applicable

Zip

32746

Country

Zip

32746

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESLEY, MALORY F
1396 CHESSINGTON CIRCLE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1578 Shadowmoss Circle

City

Lake Mary FL

FL

Zip Code

32746

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #
NAME PRESLEY, MALORY F
STREET ADDRESS 1396 CHESSINGTON CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

DOCUMENT #
NAME FEINBERG, RICHARD A
STREET ADDRESS P.O. BOX 191
CITY-ST-ZIP COSBY TN 37722

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 F. Presley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/01
Date

(407) 302-2053
Daytime Phone #

CR2E003 (11/00)