

## BOOK 14-1 16

1. Entity Name  
**CRC PARTNERS, LTD.**

00 JUL -3 PM 1:29

Principal Place of Business	Mailing Address
6700 NORTH ANDREWS AVENUE, SUITE 401 FORT LAUDERDALE FL 33309	6700 NORTH ANDREWS AVENUE, SUITE 401 FORT LAUDERDALE FL 33309-2165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2600 N. Military Tr Suite, Apt. #, etc. Ste 206 City & State Boca Raton FL Zip 33431 Country USA	3. Mailing Address 2600 N. Military Tr Suite, Apt. #, etc. Ste 206 City & State Boca Raton FL Zip 33431 Country USA
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4. FEI Number <b>65-0689692</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BRETT HOLDINGS, INC.  
6700 NORTH ANDREWS AVENUE, SUITE 500  
FORT LAUDERDALE FL 33309

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

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
2600 W. Military Tr  
Ste 206  
Pera Raean  
FL Zip Code 3373

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.	\$150,000.00
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**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 #	F96000004462		
NAME	BRETT HOLDINGS, INC.		
STREET ADDRESS	6700 NORTH ANDREWS AVENUE, SUITE 500		
CITY - ST - ZIP	FORT LAUDERDALE FL 33309		

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2600 N. Military Tr Ste 206
CITY - ST - ZIP	Boca Raton FL 33431

DOCUMENT #  
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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:**

SIGNATURE REQUIRED

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date \_\_\_\_\_

Daytime Phone #

C/32-003 (NY:9)