

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM****Secretary of State****DOCUMENT # A97000001351**

1. Entity Name

CRABTREE & CRABTREE PROPERTIES, LTD.

Principal Place of Business

Mailing Address

% CRABTREE REAL ESTATE CORPORATION
6756 RAMOTH DRIVE
JACKSONVILLE FL 32226% CRABTREE REAL ESTATE CORPORATION
6756 RAMOTH DRIVE
JACKSONVILLE FL 32226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454803

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON WALTER L
1329 KINGSLEY AVE., SUITE DORANGE PARK FL
32073 US

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

02/26/2001

DATE

9. Capital Contributions

as Shown on record. **233,420.00**

10. Amount of Capital Contributions

in FLORIDA to date. **233,420.00****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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME CRABTREE REAL ESTATE CORPORATION
STREET ADDRESS 6756 RAMOTH DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32226

STREET ADDRESS

CITY-ST-ZIP

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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: William T. Crabtree

Pres

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)