2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002150

1. Entity Name

CREWS PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -6 PM 1:33

Principal Place of Business	Mailing Address
5214 Lake Lane Immokalee, FL 34142	5214 Lake Lane Immokalee, FL 34142

2. Principal Place of Business		3. Mailing Address	
		P. O. Box 610	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Immokalee, FL	
Zip	Country	Zip 34143	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2515305 — Applied For / Not Applicable

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
Crews, Zach F. 5214 Lake Lane Immokalee, FL 34142	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
7,732,520.00	7,732,520.00	

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 #	L99000089983	STREET ADDRESS	
NAME	Crews, L.L.C.		
STREET ADDRESS	5214 Lake Lane	CITY-ST-ZIP	
CITY-ST-ZIP	Immokalee, FL 34142		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	600003298006--6
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	-06/20/00--01031--025 ****526.25 ****526.25
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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

CREWS, L.L.C.

SIGNATURE: By: [signature] — 05/19/00 — (941) 657-5359

Z. Floyd Crews, Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #