

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000375

1. Entity Name  
CRG Investments, L.P.

Principal Place of Business  
3665 120th Ave South  
West Palm Beach, FL 33414

Mailing Address  
1501 Seamist Dr.  
Houston, TX 77008-5031

FILED  
00 JUL -7 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
76-0552129

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Wade R. Byrd  
350 Royal Palm Way, Ste. 409  
Palm Beach, FL 33480

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record \$17,000.00

10. Amount of Capital Contributions in FLORIDA to date. <1,636,096>

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 #	MA7000000449
NAME	CRB Investments Management, LLC
STREET ADDRESS	1501 Seamist Dr
CITY-ST-ZIP	Houston, TX 77008
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	400003313274--3 -07/05/00--01079--013 ****207.75 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	FF \$141.25
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:  JOHN B. GOODMAN 3/2/2000 713 572 7656 XT 201

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

CR2E003 (9/99)