

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001648

1. Entity Name

MCCRANEY FALK COMMERCIAL REALTY GROUP, LLC

FILED

01 MAY 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O STEVEN E. MCCRANEY
1550 LATHAM ROAD, SUITE 8
WEST PALM BEACH FL 33409

Mailing Address

C/O STEVEN E. MCCRANEY
1550 LATHAM ROAD, SUITE 8
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRANEY, STEVEN E
1550 LATHAM ROAD, SUITE 8
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name Michael FALK
Street Address (P.O. Box Number is Not Acceptable) 1550 Latham Rd Suite 8
W.
City Palm Beach FL Zip Code 33409

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MANAGING MEMBER ☐ Delete
NAME Steven McCraney
STREET ADDRESS 7 Wycliff
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGING MEMBER ☐ Delete
NAME Michael FALK
STREET ADDRESS 105 Woodsmuir Ct.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☐ Addition
NAME 700004416107-6
STREET ADDRESS -06/12/01--01062--010
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)