UNIFORM BUSI		RT (UBR)	
DOCUMENT # L0000000	1502		FILED 02 JUN 10 PM 4:01 SECRETARY OF STATE TALLAHASSEE/FLORIDA
1. Entity Name Chartre Oaks, LLC			02 100
			JUN 10 PM A
			- IALLARY OF
DO NOT MOD	EE IN TIUC	CDACE	ALLAHASSEE FLATE
DO NOT WRIT	IE IN I HIS	SPACE	, r. L ORIDA
2. Principal Place of Business	3. Mailing Address		
16835 Kercheval	SAME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	DO NOT WRITE IN THIS SPACE .
City & State	City & State		4. FEI Number Applied For
Grosse Pointe, MI Zip Country	Zip	Country	59-3639374 Not Applicable S Catificate of Catificate o
48230 USA			5. Certificate of Status Desired Fee Required
		Name	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE		<u> </u>	CT Corporation System
		1200	ddress (P.O. Box Number is Not Acceptable) South Pine Island Road
IN THIS C	SPACE		
		City P1	antation FL Zip Code 33324
8. The above named entity submits this statement	ent for the purpose of changing		registered agent, or both, in the State of Florida.
SIGNATURE Signature, typod or printed name of registered	agent and title if applicable.		DATE
		FEE IS \$50.00	
	Make Chec	k Payable to Departs DUE BY MAY 1	nent of State
9. MANAGING ME	MBERS/MANAGERS		L
TIME	· ·	TITLE	(9)
Manager. NAME Crawford Realty Gr	oup, L.L.C.	NAME	(12)
STREET ADDRESS 16835 Kerchval GTY-SI-ZIP Grosse Pointe, MI	48230	STREET ADDRESS CITY-ST-ZIP	RV ·
TITLE		TITLE	SK - 300002233E 137 - CRE6838 (12/05)
NAME		NAME FR. A. STREET ADORESS-	3000057275130 ⁵
STREET ADDRESS CITY-ST-ZIP			
CITALE		CITY-ST-ZIP	
IIILE		TILLE . Andre	****250.00 *****50.00
NAME .		TITLE NAME	****250.00 *****50.00
NAME . Street address		TITLE . Justice	#***250.00 *****50.00 DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS	*****250.00 ******50.00 DO NOT WRITE
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NAME . STREET ADDRESS . LITY-ST-ZIP . LITH . STREET ADDRESS . LITY-ST-ZIP . LITH . LIT		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	*****250.00 ******50.00 DO NOT WRITE
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ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME INTEGRATION OF THE PROPERTY OF THE PR	and that my signature shall h	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NA	DO NOT WRITE IN THIS SPACE In this space of in Section 119.07(3)(i), Florida Statutes. further certify that the information at as if made under oath; that I am a managing member or manager of the
NAME STREET ADDRESS CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS ZITY-ST-ZIP 11. I hereby certify that the information supplied indicated on this report is true and accurate	and that my signature shall fusion empowered to execute	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NA	DO NOT WRITE IN THIS SPACE In this space of in Section 119.07(3)(i), Florida Statutes. I further certify that the information at as if made under oath; that I am a managing member or manager of the by Chapter 608. Florida Statutes.