

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000004502			
1. Entity Name Chartre Oaks, LLC			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 16835 Kercheval Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Grosse Pointe, MI		City & State	
Zip 48230	Country USA	Zip	Country
4. FEI Number 59-3639374		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
City Plantation		FL	Zip Code 33324
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
		<b>FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1</b>	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager. Crawford Realty Group, L.L.C. 16835 Kercheval Grosse Pointe, MI 48230		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>BK</b>  300005727513--0  -06/10/02--01013--021  ****250.00 ****50.00 </div> <div style="text-align: right;"> <b>DO NOT WRITE IN THIS SPACE</b> </div> </div>		
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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:		Jared Schenk, Manager of Mgr. 4/27/2002	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

**FILED**  
02 JUN 10 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)