

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90200 044 ****55.00

DOCUMENT # L00000005385

1. Entity Name
CROWN POINTE V, LLC



Principal Place of Business

**4020 NEWBERRY RD. STE 500
GAINESVILLE FL**

Mailing Address

**PO BOX 5068
GAINESVILLE FL 32627-5068**

2. Principal Place of Business

2246 NW 40th Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

Gainesville, FL

City & State

Zip

32605

Country

US

Country

4. FEI Number **59-3649894**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN JR, LEWIS
4020 NEWBERRY RD, STE 500
GAINESVILLE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

2246 NW 40th Terrace

Suite A

City **Gainesville**

FL

Zip Code

32605

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE

7 JAN 2003

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BROWN, LEWIS JR**
STREET ADDRESS **4020 NEWBERRY RD., SUITE 500**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Brown, Lewis Jr.**
STREET ADDRESS **2246 NW 40th Terr, Suite A**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 of 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 #

LEWIS BROWN JR. 7 JAN 2003 352-377-5854

CR2E083 (10/02)