

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010756

1. Entity Name  
CRUISER INVESTMENTS, L.L.C.

APPROVED  
AND  
FILED

01 APR 27 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2000 NORTH FLORIDA MANGO ROAD, SUITE 200  
WEST PALM BEACH FL 33409

Mailing Address  
2000 NORTH FLORIDA MANGO ROAD, SUITE 200  
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3540 Forest Hill Blvd

3. Mailing Address  
3540 Forest Hill Blvd

Suite, Apt. #, etc.  
#203

Suite, Apt. #, etc.  
#203

City & State  
West Palm Beach FL

City & State  
West Palm Beach, FL

Zip  
33406

Country  
USA

Zip  
33406

Country  
USA

4. FEI Number ☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
GIORDANO, JOHN N  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
Name  
Deborah A. Dentry  
Street Address (P.O. Box Number is Not Acceptable)  
3540 Forest Hill Blvd  
#203  
City  
West Palm Beach FL Zip Code  
33406

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 *Deborah A. Dentry* 4/25/01  
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.

100004194791-1  
-05/11/01--01011--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Deborah A. Dentry* 4/25/01 5614334810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0013797 AF

CR2E083 (11/00)