

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90006 031 \*\*\*\*50.00

**DOCUMENT # L01000011655**

1. Entity Name

**CRANE POINTE I, LLC**



Principal Place of Business

**2700 WEST CYPRESS ROAD, SUITE C103  
FORT LAUDERDALE FL 33309**

Mailing Address

**2700 WEST CYPRESS ROAD, SUITE C103  
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

**7331 Office Park Place**

3. Mailing Address

**7331 Office Park Pl**

Suite, Apt. #, etc.

**Suite 4**

Suite, Apt. #, etc.

**Suite 4**

City & State

**Viera, FL**

City & State

**Viera, FL**

Zip

**32940**

Country

**USA**

Zip

**32940**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3734119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PIOTRKOWSKI, JOEL S  
317 71ST STREET  
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **MARKOVSKY, STANLEY**  
STREET ADDRESS **2700 WEST CYPRESS ROAD, SUITE C103**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **MGRM** ☐ Delete  
NAME **ACKERMAN, MARK D**  
STREET ADDRESS **2850 LAKE WASHINGTON ROAD, SUITE 2**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)