LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90191 032 ****50.00

DOCUMENT # L010000 22037

954869

1. Entity Name

Craven-Pelican Bay / Del Prado, L.L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
26811 South Bay Drive	26811 South Bay Dr.
Suite, Apt. #, etc. Suite 350	Suite, Apt. #, etc. Suite 350
City & State Bonita Springs FL	City & State Bonita Springs, FL
Zip 34134 Country U.S.A.	Zip 34134 Country U.S.A.

4. FEI Number 01-0639719 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Conroy, J. Thomas III

Street Address (P.O. Box Number is Not Acceptable): 3838 Tamiami Trail North Suite 402

City: Naples FL Zip Code: 34103

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
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Craven, Richard
STREET ADDRESS	5200 Wilson Road, #201
CITY-ST-ZIP	Edina, MN 55424
TITLE	MGRM
NAME	Pelican Bay Development, Inc.
STREET ADDRESS	26811 South Bay Drive #350
CITY-ST-ZIP	Bonita Springs, FL 34103
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CR2E083B (12/01)

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.

941-498

SIGNATURE: _____ April 19th 2002 5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #