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

## DOCUMENT # L02000002945

1. Entity Name

CRES COMMERCIAL REAL ESTATE, LLC



## FILED May 12, 2003 8:00 am Secretary of State 05-12-2003 90087 001 \*\*\*\*50.00

BOCA RATON FL 33431  2. Principal Place of Business 925 S. Federal Hwy.  2. Principal Place of Business 925 S. Federal Hwy.  Suite, Apt. #, etc.  115  Suite, Apt. #, etc.  116  Suite, Apt. #, etc.  117  Suite, Apt. #, etc.  115  Suite, Apt. #, etc.  117  Suite, Apt. #, etc.  11	MAKING CHANGES  S5.00 Ac Fee Require stered Agent  Zip Coc	Applied For Not Applicab dditional red
SUITE 940W BOOA RATION FL 39431  2. Principal Place of Business 925 S. Federal Hwy.  Suite, Apt. #, etc.  115  115  115  115  115  115  115  1	MAKING CHANGES  S5.00 Ac Fee Require stered Agent  Zip Coc	Applied For Not Applicab dditional red
2. Principal Place of Business    3. Mailing Address   4. Fel Number     5. City & State     6. Verticate of State     7. Sand Address     6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     8. Name and Address of Current Registered Agent     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. City     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)     1.	\$5.00 Ac Fee Requiristered Agent	Applied For Not Applicab dditional red
Suite, Apt. #, etc.  T15  City & State  Boca Ratton  FL  Country  33432  Country  33432  G. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM  1200 SOUTH PIRE ISLAND ROAD  PLANTATION FL 33324  B. Tho above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida the obligations of registered agent.  SIGNATURE  Signature, typed or private name of registered agent and tills if applicable.  PLE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  ADDITIONS/CF  TILE  WAVE  STREET ADDRESS  CITY-ST-2P  TILE  MAME  STREET ADDRESS  CITY-ST-2P  TI	\$5.00 Ac Fee Requiristered Agent	Applied For Not Applicab dditional red
Suite, Apt. #, etc.  T15  City & State BXCA RATON FL  City & State BYCA RATON FL  City & State BYCA RATON FL  Country	\$5.00 Ac Fee Requiristered Agent	Applied For Not Applicab dditional red
City & State  Roca Raton  FL  Boca Raton  FL  Country  33432  6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  S. 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 the obligations of registered agent.  SIGNATURE  Signatura, typed or privined name of registered agent and stifl if applicable.  RICE NOW!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  10.  MANAGING MEMBERS/MANAGERS  11.  Delete  TITLE  MARE  Delete  NAME SIREET ADDRESS CITY-ST-ZIP  MANAE SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE  MANAE SIREET ADDRESS CITY-ST-ZIP  TITLE  MANAE SIREET ADDRESS CITY-ST-ZIP  TITLE  MANAE SIREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  MANAE SIREET ADDRESS CITY-ST-ZIP  TITLE  MANAE SIRET	\$5.00 Ac Fee Requirestered Agent	Not Applicab dditional red
Zip 33432	\$5.00 Ac Fee Require stered Agent	de
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  3. 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 the obligations of registered agent and tills if applicable.  (MOTE: Registered Agent signature required when reinstaking)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  3. MANAGING MEMBERS / MANAGERS  ITILE MAME  Delete  TITLE NAME  STREET ADDRESS STREE	FL Zip Coo	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  Street Address (P.O. Box Number is Not Acceptable)  City  S. 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 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)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  ITILE NAME NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME STRET ADDRESS STRYST-3T-2P  TITLE NAME STRET ADDRESS STRYST-2P  TITLE NAME	<b> </b>	
PLANTATION FL 33324  B. 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 the obligations of registered agent and title if applicable.    Signature:   S	<b> </b>	
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Daytime Phone #