

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-31-2003 90002 004 ****50.00

DOCUMENT # L02000011712

1. Entity Name
C/HEC, LLC



Principal Place of Business
**433 PLAZA REAL STE. 335
BOCA RATON FL 33432**

Mailing Address
**433 PLAZA REAL STE. 335
BOCA RATON FL 33432**

2. Principal Place of Business
225 NE Mizner Blvd.
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
225 NE Mizner Blvd.
Suite, Apt. #, etc.
Suite 200

City & State
Boca Raton, FL
Zip
33432

City & State
Boca Raton, FL
Zip
33432

4. FEI Number
N/A - Disregarded Entity
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD., STE. 4900
MIAMI FL 33131**

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 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
Member Crocker Realty Trust, LP 225 NE Mizner Blvd., Suite 200 Boca Raton, FL 33432	

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

Todd J. Amara

3/25/03

Date

561-395-9666

Daytime Phone #

CR2E083 (10/02)