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

## DOCUMENT # L02000015963

## CORPORATE REAL ESTATE HOLDINGS LLC



FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90754 009 \*\*\*\*50.00

127-327-2444

20 Principal Place of Business  Suite, April # etc.	Principal Plac	e of Business	1	Mailing Address											
Suite, Apt. #, etc.    CHECK HERR IF MAKING CHANGES   Application of Check Herri IF MAKING CHANGES   Application of Check Herri IF MAKING CHANGES   Application of Check Herri IF MAKING CHANGES   Application of Status Dollard   No. Application of Check Herri IF MAKING CHANGES   Application of Status Dollard   St. Out. Application of Status Dollard   St. Out. Application of St. Out. Application of Status Dollard   St. Out. Application of Check Payabase of Policy   St. Out. Address (P.O. Box Number is Not Acceptable)															
Suite, Apt. #, etc.    CHECK HERR IF MAKING CHANGES   Application of Check Herri IF MAKING CHANGES   Application of Check Herri IF MAKING CHANGES   Application of Check Herri IF MAKING CHANGES   Application of Status Dollard   No. Application of Check Herri IF MAKING CHANGES   Application of Status Dollard   St. Out. Application of Status Dollard   St. Out. Application of St. Out. Application of Status Dollard   St. Out. Application of Check Payabase of Policy   St. Out. Address (P.O. Box Number is Not Acceptable)								1111							
City & State    Coty & State   City & State   City & State   State   State   State   Recognition   R	2. Principal Place of Business		3.	3. Mailing Address											
Street Audition  Street Audition  Street Audition  Street Audition  Street Audition  Street Audition  Audition  Street Audition  Street Audition  Street Audition  Aud	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES .							
2/p Country 2/p Country 5. Certificate of Status Dosined S. Certificate of Status Dosined Source of Regulator of Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name Name Name Name Name Name Name Name	City & State			City & State			·	4. FELNU	ber -0	046	108	8	<del>}                                    </del>	<del></del>	
ROBINETTO, TIM 10821 EAPHART DR NEW PORT RICHEY FL 34654  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent.  SignaTure:    Registered agent agent and the Application of the Application of Projection agent.   NOTE Registered agent agent and the Application of Projection agent agent agent and the Application of Projection agent agent agent and the Application of Projection agent agen	Zip	Country Zip			Coun	try	so I								
ROBINETTO, TIM 10821 EARHART OR NEW PORT RICHEY FL 34654  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  Synthem, toped or preset name of registered agent and 5th a statistical by the 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  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  THE NAME  SIRET ADDRESS  OTH-51-7P  THE ADDRESS  O	6. Name and Address of Current Registered Agent												gent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	10821 EARHART DR.					runo									
THE NOMES OF STREET ADDRESS OF						City						FL	Zip Coo	le	
NOTE   Registered apent another to prisent name of registered apent apont and apent apont mentations)   DATE															
### FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  ### Pay	SIGNATURE  Signature transfer projected name of positioned appeal and title if applicable. (MOTE-Registered Appeal projected when rejunctive)														
9. MANAGING MEMBERS / MANAGERS  TITLE NAME STREET ADDRESS CITY-ST-2P		organicae, typec or printed harrie or to			ancing and a state of the state				DAIL						
9. MANAGING MEMBERS/MANAGERS 10. MANAGER ADDITIONS/CHANGES  TITLE   Delete   TITLE   MANE STREET ADDRESS OTY-ST-7P   MULLICAL NEW STREET ADDRESS OTY-ST-7P   MANE STREET ADDRESS OTT-ST-7P   MANE STREET ADDRESS OTT-ST-7P   MANE STREET ADDRE															
S.   MANAGING MEMBERS/MANAGERS   10.   May 15 CR.   ADDITIONS/CHANGES   CRANGE   Addition   Change   Change   Addition   Change   Change   Addition   Change															
ITILE  NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  TITLE  Delete STREET ADDRESS CITY-ST-ZIP  TITLE Delete STREET ADDRESS CITY-ST-ZIP  TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE			ŀ	Du	e By M	ay 1, 200	3								
ITILE  NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  TITLE  Delete STREET ADDRESS CITY-ST-ZIP  TITLE Delete STREET ADDRESS CITY-ST-ZIP  TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	9. MANAGING MEMBERS/MANAGERS 1						m	ANAGE	્રા	ADDITIC	NS/CH	ANGES			
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   NAM	TITLE			☐ Delete	TITLI		Mu	ties !	and.	Cath	<b>A</b>		Change	☐ Addition	
TITLE   Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CTITLE   CHANGE   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   DELete   Delete   TITLE   TITLE   DELete   Delete   TITLE   TITLE   DELete   Delete   TITLE   TITLE   DELete   DELe	NAMÉ				NAM	E	7	40 9.	10	2	1 1	5			
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   NAM							25	ري ون	ol an	9. p					
TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   NAM	CITY-ST-ZIP				CITY	-ST-ZIP	$\mathcal{A}$	Post	9 1/1	33	71	<u>3</u>			
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Cha	TITLE			☐ Delete	TITL			17-					Change	☐ Addition	
CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CHANGE   CHANGE   NAME   STREET ADDRESS   CITY-ST-ZIP   CHANGE   CHANGE   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   STREET ADDRESS   CITY-ST-ZIP   CHANGE   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   STREET ADDRESS   CI	NAME					-									
TITLE															
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	CITY-ST-ZIP	_ <del></del>	_		CITY	-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	~TITLE <del>~~~</del>	<del></del>		Delete	TITLE						<del></del>		-Change -		
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				•		-									
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE CITY-ST-ZIP  TITLE Delete TITLE CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE CITY-ST-ZIP  TITLE CITY-ST-ZIP  TITLE CITY-ST-ZIP  TITLE CITY-ST-ZIP  TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE C	1				1										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI	CHY-SI-ZIP				UIT	-S1-ZIP									
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-		•		☐ Delete									Change	☐ Addition	
CITY-ST-ZIP  TITLE  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRES	J					-									
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET															
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET					-			<del></del>		····				□ t ddition	
STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  THE STREET ADDRESS CITY-ST-ZIP  Thereby certify that the information supplied with this filling 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	j			∟ Delete									□ Change	Addition	
CITY-ST-ZIP  CHANGE  Addition- NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  Addition- NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  CHANGE  Addition- NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  Addition- NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  Addition- NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  CHANGE  Addition- NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  CHANGE  Addition- NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  CHANGE  AND  CHANGE  AND  CHANGE  ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGE  CHANGE  AND  CHANGE  CHANGE  AND  CHANGE  CHANGE  AND  CHANGE  CHANGE  AND  CHANGE  C															
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															
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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				☐ Delete		-							☐ Change	Addition -	
STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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	ſ			☐ Delete	•	. (							ு வள்கு		
CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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					1										
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the	<u>,</u>				1	1									
limited from the company or the receiver or trustee employeed to execute this report of remaining the Charles CRO. Flacide Districts	indicated	on this report is true and ac	curate and that	my signature shall have	the same	e legal effe	ct as if ma	ade under oa	th; that I	am a ma	es. I furt anaging	her certii member	fy that the i	nformation or of the	