

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90997 036 ****50.00

DOCUMENT # L02000029840

1. Entity Name

CROSSWINDS REALTY, LLC



Principal Place of Business

**821 STERLING OAKS BLVD.
NAPLES FL 34110**

Mailing Address

**821 STERLING OAKS BLVD.
NAPLES FL 34110**

44001898

2. Principal Place of Business

600 CORPORATE DRIVE

Suite, Apt. #, etc.

SUITE #102

3. Mailing Address

600 CORPORATE DRIVE

Suite, Apt. #, etc.

SUITE #102



☒ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

16-1639838

Applied For

☐ Not Applicable

Zip

33334

Country

Zip

33334

Country

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

6. Name and Address of Current Registered Agent

**KEELEY, PETER L ESQ.
C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108**

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 **MEMBER-MANAGER + President** ☐ Delete
NAME **STEVEN T. FELMAN**
STREET ADDRESS **600 CORPORATE DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33334**

TITLE **MEMBER** ☒ Delete
NAME **BERNARD GLIBERMAN**
STREET ADDRESS **41050 VIKENTIA COURT**
CITY-ST-ZIP **NOVI, MI 48375** **Delete**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)