LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034584

1. Entity Name

CR-MERC DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		**3.** Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2341653 | Applied For | Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Mary Ann Y. David*

Street Address (P.O. Box Number is Not Acceptable) *2333 Brickell Ave.*

Suite D-1

City *Miami*   **FL** Zip Code *33129*

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

DATE *4/30/03*

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

9.   MANAGING MEMBERS / MANAGERS

TITLE	*MGRM*	TITLE	
NAME	*Campus Development Holdings, LLC*	NAME	
STREET ADDRESS	*2333 Brickell Ave., SUite D-1*	STREET ADDRESS	
CITY-ST-ZIP	*Miami, FL 33129*	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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]*   *Clifford D. Rosen*   *4/30/03*   (305) 859-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #