

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 930000000063

1. Entity Name

ALTON PROPERTIES L.C.

Principal Place of Business

Mailing Address

APPROVED  
AND  
FILED

00 APR 18 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

504 14th Street

504 14th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Miami Beach

Zip

Country

FL 33139

Zip

Country

FL 33139

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0396042

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAUL CROWLEY  
2830 FAIRMONT DRIVE  
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name: APRIL P. CROWLEY  
Street Address (P.O. Box Number is Not Acceptable): 504 14th Street  
City: Miami Beach FL Zip Code: 33139

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.

SIGNATURE

X A. P. Crowley

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

(NOTE: Registered Agent signature required when reinstating)

04/12/2000

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	PAUL CROWLEY	
STREET ADDRESS	2830 FAIRMONT DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APRIL P. CROWLEY	
STREET ADDRESS	504 14th Street	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

X A. P. Crowley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/12/2000

Date

305 342 2354

Daytime Phone #

CR2E083 (11/99)