321-720 -

## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)					<u> </u>	APPROVED AND FILED		
DOCUMENT # L9600000169  1. Entity Name CRUSADE INVESTMENTS, L.C.								
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0,100,121		, o,		·		SECRETARY C MALL AHASSES	F STATE	
Principal Plac	ce of Business		Mailing Address		<u> </u>	SELLAHASSEE INC.	E, FLORIUA	
103:RIVER:HEIGHTS-DRP.OBOX-540206								
COCOA FL 32	2922	• •	MERRITT ISLAND FL 32	2954-0206	11881	1841 GIG 18418 BIISI <del>P</del> 8411 <b>45</b> 11) <b>68</b> (1)	8811 kallı 88181 ildi	(
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2. Principal F	Place of Business		3. Mailing Address		11001	(91)		<b>                                    </b>
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	 te		City & State		4. FEI Numb	59-3366336		oplied For
Zip	Cour	itry	Zip	Country	E Cortificat	e of Status Desired	\$5.00 Ad	ot Applicable ditional
	6 Name and Ad	dress of Current I	Registered Agent	<u> </u>		d Address of New Registe	Fee Require	d
	o. Name and Ad	diess of Current i	registered Agent	Name	7. Name an	u Address of New Hegisto	- Agent	
LOVELL, RONALD D				Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
COCOA F	r Heights dr Fl 32922	·		<del></del>	. A.u			
0000,				City			FL Zip Coo	le
8. The above	named entity submit	s this statement for	the purpose of changing i	its registered office or reg	gistered agent, or bo	oth, in the State of Florida.		
	e named entity submit	s this statement for	the purpose of changing	its registered office or reg	jistered agent, or bo	oth, in the State of Florida.		
8. The above	e named entity submit			its registered office or reg			ATE	
			nd title if applicable. (No		equired when reinstating)	D/	ATE	
			nd title if applicable. (No	OTE: Registered Agent signature re	equired when reinstating)	D/	ATE .	
	Signature, typed or printed or		nd title if applicable. (No.	OTE: Registered Agent signature re	oquired when reinstating)  00	D/ 	GES	
SIGNATURE	Signature, typed or printed of pr	name of registered agent a	nd title if applicable. (No.	OTE: Registered Agent signature re NOW!!! FEE IS \$50: Payable to Departmen	oquired when reinstating)  00	ADDITIONS/CHAN	GES <b>Changs</b>	Andrien (66/6)
9. TITLE NAME STREET ADDRESS	Signature, typed or printed of MGR LOVELL, RONALI 1795 HIDDEN LA	name of registered agent a  IANAGING MEMBE  O  KE DRIVE	nd title if applicable. (No Make Check F	OTE: Registered Agent signature re  NOW!!! FEE IS \$50: Payable to Department  10. TITLE NAME STREET ADDRESS	oquired when reinstating)  00	D/ 	GES 49533 J01127-	
9. TITLE NAME STREET ADDRESS CITY- 81- ZIP	Signature, typed or printed of MGR LOVELL, RONALI 1795 HIDDEN LA ROCKLEDGE FL	name of registered agent a  IANAGING MEMBE  O  KE DRIVE	nd title if applicable. (No Make Check F	OTE: Registered Agent signature re  NOW!!! FEE IS \$50: Payable to Departme!  10. TITLE NAME	oquired when reinstating)  00	additions/chan 300032- -05/11/00	GES 49533 J01127-	−UU4  ໘
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER