

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00092339 AF

DOCUMENT # **L98000001349**

1. Entity Name
CRD PROPERTIES, L.C.

00 APR 29 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 210 HIDDEN BAY DRIVE OSPREY FL 34229	Mailing Address 210 HIDDEN BAY DRIVE OSPREY FL 34229-9186
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0858932	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

D'AGOSTINO, KENNETH E
210 HIDDEN BAY DRIVE
OSPREY FL 34229

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME MGRM D'AGOSTINO, KENNETH E	STREET ADDRESS 210 HIDDEN BAY DRIVE	CITY-ST-ZIP OSPREY FL 34229
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

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*****50.00 *****50.00

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: *Kenneth E D'Agostino* **Kenneth E D'Agostino** 4/26/00 (941)918-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)