## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001356  1. Entity Name AL'S CRANE SERVICE, L.L.C.					FILED 01 FEB 22 PM 4: 47				
25235 ROLLING OAK RD.		Mailing Address 25235 ROLLING OAK RD. SORRENTO FL 32776			SECRETARY OF STATE TALLAHASSEE: FLORIDA				
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEIN	<sup>lumber</sup> 59-3531813		plied For t Applicable		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	7. Name and Address of			e and Address of New Registered			
				Name					
SAGERS, 25235 RO	Vickie L Plling Oak RD.		Street Address (			(P.O. Box Number is Not Acceptable)			
SORRENT	O FL 32776		City			F	Zip Code	<u> </u>	
	named entity submits this statement fo			·			<b>-</b>		
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						A GOODS 73	2901	-6	
9.	MANAGING MEMB	ERS/MEMBERS	10.	1.		ADDINGNS CHANGE		#50 .00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAGERS, LEONARD A 25235 ROLLING OAK RD. SORRENTO FL 32776	□ Delete		T ADDRESS ST-ZIP		*** <del>**50.(</del>		*:-1.7.00.194	
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11. I hereby of indicated limited lia	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truste	this filing does not qualify for that my signature shall have the empowered to execute this re	the exen ne same eport as	nption stated in S legal effect as if required by Cha	Section 119. made unde pter 608, Flo	07(3)(i), Florida Statutes. I further c r oath; that I am a managing meml orida Statutes.	ertify that the in ber or manage	er of the	