## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9800003472  1. Entity Name CRM INVESTMENT GROUP, LLC							FILE				•
Principal Place of Business 3001 PONCE DE LEON BLVD. SUITE 203 CORAL GABLES FL 33134			Mailing Address 3001 PONCE DE LEON BLVD. SUITE 203 CORAL GABLES FL 33134				01 JAN 22 SECRETARY OF TALLAHASSEE,				
2. Principal Place of Business			3. Mailing Address			_	19011911 OLB 10161 10111 00111 03111		A HOUS BUBBLO	1114   E   20	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number 65-0885048 Applied For Not Applicable					]
Zip	p Country		Zip	Countr		5. Certi	icate of Status Desired	□ \$	5.00 Addee Require	ditional	
~~~ <del>~~</del>	6.3 Name and Addre	ss of Current Reg	jistered Agent ———		Name	7 Name	and Address of New Re	gistered Ag	ent		:]*=
A.G.C. CO.						!	<u> </u>				
200 S. ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801					Street Address	(P.O. Box N	umber is Not Acceptable)	· ·			-
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o. The above	named entity submits the	s statement for the	e purpose or changing i	is registere	ed office or registe	erea agem, t	or both, in the State of Flor	ida.			
SIGNATURE .	Signature, typed or printed name	of registered agent and ti	tle if applicable. (NC	TE: Registere	d Agent signature require	ed when reinstati	20)	DATE			
	Signature (page 5)	or royales as a again tario a									1
FILE NOW!!! F Make Check Payable to							<b>800003</b> -01/29	5907 /0101			
9.	MANA	AGING MEMBERS	/MEMBERS	10.			東東京海南 ADDITIONS/0		冰水米水冰	<u>50.00                                  </u>	-
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11. I hereby of indicated	ertify that the information on this report is true and bility company or the reci	accurate and that	my signature shall have	or the exer	mption stated in S legal effect as if	made under	97(3)(i), Florida Statutes. I i oath; that I am a managir	urther certify ng member o	that the ir or manage	nformation r of the	•
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date									ne Phone #		