

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017668  
SP

DOCUMENT # L99000001629

1. Entity Name  
CRA OF CRESCENT CITY, L.L.C.

00 JUN -2 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 105 DENVER ROAD CRESCENT CITY FL 32112	Mailing Address 105 DENVER ROAD CRESCENT CITY FL 32112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address PO BOX 635	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CRESCENT CITY, FL	
Zip	Country	Zip	Country
32112		PUTNAM	

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BALLAS, NICK 105 DENVER ROAD CRESCENT CITY FL 32112		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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BRAMMEIER, DENNIS B 4838 CHARLTON WAY DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LEGG, JONATHAN 500 HATHAWAY DRIVE SIGNAL MOUNTAIN TN 37377 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	8000003291335 <input type="checkbox"/> Change <input type="checkbox"/> Addition -06/15/00--01068--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BALLAS, NICK 1875 OLD TOMOKA ROAD ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CROSS, WILLIAM A P.O. BOX 5266 ORMOND BEACH FL 32175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BROWN, JAMES ROUTE 2, BOX 811 CRESCENT CITY FL 32112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] **REQUIRED** 4/18/00 (904) 698-4265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)