2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002863

1. Entity Name

CRATE, CART & ASSEMBLE, L.L.C.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90056 017 ****50.00

				WELL				
	lace of Business	Mailing Address						
6728 EDGEWATER COMMERCE PARKWAY ORLANDO FL 32810		6728 EDGEWATER COM ORLANDO FL 32810	6728 EDGEWATER COMMERCE PARKWAY ORLANDO FL 32810					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & Sta	ala ala				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State		4. FEI	Number 59-3577983		1	Applied For
Zip	Country	Zip	Country	5. Cer	rtificate of Status Desired	□ \$5		Not Applicable dditional
	6. Name and Address of Curr	ent Registered Agent ~ -				_ Fee	Requir	ed
CD/			Name		me and Address of New Re	gistered Age	nt	 _
	AGAN, MICHAEL 12 ALBETH ROAD		Stroot Addison					
	LANDO FL 32810		Street A	daress (P.O. Box	Number is Not Acceptable)			
								_
		·	City			FL	Zip Co	de
the above	e named entity submits this statemen ations of registered agent.	t for the purpose of changing	its registered office or	registered agent,	or both, in the State of Flori	da. I am famil	liar with	, and accept
SIGNATURE	Maria tari							·
	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered Agent signat	re required when reinsta	ting)	DATE		
*			NOW!!! FEE IS \$			UNIZ		
	* *** *** ***	Make Check Paya	ble to Florida De	eartment of Sta	ite			
		D	ue By May 1, 200:	3				
9.	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/C	HANGES		<u>-</u>
title Name	MGRM CRAGAN, MICHAEL	☐ Delete	TITLE				Change	Addition
STREET ADDRESS	6232 ALBETH ROAD		Name				•	_
CITY-ST-ZIP	OFFE VEDE III HOVE		070557 4500000					
	ORLANDO FL 32810		STREET ADDRESS					
TITLE	ORLANDO FL 32810 MGRM	∏ Dejata	CITY-ST-ZIP					
NAME	MGRM CAMPELLONE, RAE ANNE	☐ Delete	CITY-ST-ZIP TITLE				Change	☐ Addition
NAME STREET ADDRESS	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	☐ Delete	CITY-ST-ZIP				Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPELLONE, RAE ANNE	☐ Delete	CITY-ST-ZIP TITLE NAME				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TILE IAME	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE IAME TREET ADDRESS	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TILE IAME STREET ADDRESS (TY-ST-ZIP)	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS DITY-ST-ZIP TILE IAME STREET ADDRESS STREET ADDRESS STY-ST-ZIP	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE		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 IAME STREET ADDRESS CITY-ST-ZIP TITLE AME	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	•			Change	☐ Addition
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IAME STREET ADDRESS STY-ST-ZIP TITLE IAME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE AME	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				Change Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TILE IAME ITREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS				change change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TILE IAME ITREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	Delete Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				change change	Addition Addition
STREET ADDRESS STREET	MGRM CAMPELLONE, RAE ANNE 4928 EASTER CIRCLE	Delete Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				change change	Addition Addition

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 AND TYPED OR PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-12-03

Daytime Phone #