

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008993
 Entity Name
 CREWS, L.L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN -6 PM 1:33

Principal Place of Business
 214 Lake Lane
 Immokalee, FL 34142

Mailing Address
 5214 Lake Lane
 Immokalee, FL 34142

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P. O. Box 610	
City & State		City & State	
Immokalee, FL		Immokalee, FL	
Zip	Country	Zip	Country
34143	US		

4. FEI Number 59-3620621	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Crews, Zach F.
 214 Lake Lane
 Immokalee, FL 34142

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

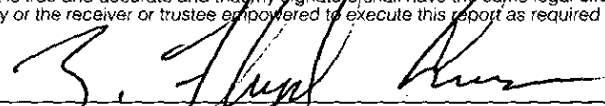
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE

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

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Managing Member Crews, Z. Floyd 5214 Lake Lane Immokalee, FL 34142	
		Managing Member Moon, Cathy Crews 4638 Julie Lane Orlando, FL 32839	
		700003299137 -06/21/00--01067--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **05/19/00** (941) 657-5359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Z. Floyd Crews, Managing Member Date Daytime Phone #