

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90037 009 \*\*\*\*50.00

0039442

**DOCUMENT # L99000008993**

1. Entity Name  
**CREWS, L.L.C.**

Principal Place of Business <b>5214 LAKE LANE IMMOKALEE FL 34142</b>	Mailing Address <b>5214 LAKE LANE IMMOKALEE FL 34142</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3620621**      Applied For  
 Not Applicable

Zip      Country      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 New Registered Agent

**CREWS, ZACH F  
 5214 LAKE LANE  
 IMMOKALEE FL 34142**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
MGRM CREWS, Z FLOYD	5214 LAKE LANE IMMOKALEE FL 34142		
MGRM MOON, CATHY CREWS	4638 JULIE LANE ORLANDO FL 32839	Moon, Catherine Crews	

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: *Catherine Crews*      1-19-02      (407) 351-6913

CR2E083 (9/01)