

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90039 019 *****50.00

0044811

DOCUMENT # M00000000203

1. Entity Name

CRICKET LAKE APARTMENTS, LLC

Principal Place of Business

**C/O CONTINENTAL REALTY CORP.
 17 WEST PENNSYLVANIA AVE., FIFTH FLOOR
 TOWSON MD 21204**

Mailing Address

**C/O CONTINENTAL REALTY CORP.
 17 WEST PENNSYLVANIA AVE., FIFTH FLOOR
 TOWSON MD 21204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1104584**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RYAN, JEAN A ESQ.
 BOND, SCHOENECK & KING, PA
 4001 NORTH TAMiami TRAIL, SUITE 404
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

**Naples Lawdock, Inc.
 4501 Tamiami Trail North, Suite 300
 Naples, Florida 34103-3060**

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 **John D. Humphreville, Vice President**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **CONTINENTAL REALTY INVESTORS CORP.**
 STREET ADDRESS **17 WEST PENNSYLVANIA AVE STE 500**
 CITY-ST-ZIP **TOWSON MD 21204**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

William N Kinney Jr 3/5/02 410-296-4800

Date

Daytime Phone #

CR2E083 (9/01)