

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90002 007 ****50.00

DOCUMENT # M01000000937

1. Entity Name

CRT-SFV, LLC



Principal Place of Business

**433 PLAZA REAL, SUITE 335
BOCA RATON FL 33432**

Mailing Address

**433 PLAZA REAL, SUITE 335
BOCA RATON FL 33432**

30046944



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

225 NE Mizner Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton FL

Zip

33432

Country

3. Mailing Address

225 NE Mizner Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton FL

Zip

33432

Country

4. FEI Number **65-0794441**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE
WHITE & CASE LLP
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CROCKER, THOMAS J**
STREET ADDRESS **433 PLAZA REAL, SUITE 335**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **MGR** ☐ Delete
NAME **ONISKO, ROBERT E**
STREET ADDRESS **433 PLAZA REAL, SUITE 335**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **MGR** ☐ Delete
NAME **LUTTHANS, KIM E**
STREET ADDRESS **1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON DE 19801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **225 NE Mizner Blvd., Suite 200**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **225 NE Mizner Blvd., Suite 200**
CITY-ST-ZIP **Boca Raton, FL 33432**

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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 REQUIRED

3/25/03

561-395-9666

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

Date

Daytime Phone #

CR2E083 (10/02)