

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000155

1. Entity Name

D.L. CROMWELL & CO., L.L.C. LIMITED COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:30

Principal Place of Business

1200 NORTH FEDERAL HIGHWAY, SUITE 315  
BOCA RATON FL 33432

Mailing Address

1200 NORTH FEDERAL HIGHWAY, SUITE 315  
BOCA RATON FL 33432-2846

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3279182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, DAVID S

1200 NORTH FEDERAL HIGHWAY, SUITE 315

BOCA RATON FL 33432

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.

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM DAVIDSON, DAVID S ☐ Delete  
STREET ADDRESS 1200 NORTH FEDERAL HIGHWAY, SUITE 315  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE NAME MGRM BEIRNE, LLOYD S ☐ Delete  
STREET ADDRESS 1200 NORTH FEDERAL HIGHWAY, SUITE 315  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003189490-0  
CITY-ST-ZIP -03/30/00--01022--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/13/2000 561-367-0009  
Date Daytime Phone #

0006519

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