**APPROVED** 

## 2000 UNIFORM BUSINESS REPORT (UBR)

M97000000449 DOCUMENT # CO HAY 24 AM 9: 49 1. Entity Name CRG INVESTMENTS MANAGEMENT, L.L.C. SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 1501 SEAMIST DRIVE 3665 120TH AVENUE SOUTH WELLINGTON FL 33414 HOSUTON TX 77008-5031 2. Principal Place of Business 3. Mailing Address 5065 WESTHEIMER Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 840 SHITE Applied For City & State City & State 4. FEI Number OYSTON 76-0552127 Not Applicable Country Zip Country \$5.00 Additional Zip way. .. 5. Certificate of Status Desired 70 56 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... BYRD, WADE R Street Address (P.O. Box Number is Not Acceptable) 350 ROYAL PALM WAY, SUITE 409 PALM BEACH FL 33480 City Zip Code FL 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, 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. CR2E083 (9/99) Addition Change TITLE MBR: TITLE MAME GOODMAN, CARROLL R MAME STREET ADDRESS 1501 SEAMIST STREET ADDRESS CITY- ST- ZIP **HOUSTON TX 77008** CITY-ST-ZIP Change Addition | Delete TITLE NAME 400003282674--1 STREET ADDRESS STREET ADDRESS -06/09/00---01063---010 CITY- \$T- ZIP CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 Delete = Addition : TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIE CITY- ST-ZIP Addition ... Delete MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Addition ☐ Deleta TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP ☐ Charge ☐ Addition TIT' 5 🔲 Deliate TITLE MAP NAME STATES ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- 27-77P

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. 19 2000

SIGNATURE:

SIGNATURE AN J TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER GOODMAN

CARROLL R.