

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001406

1. Entity Name

CRESA PARTNERS, LLC

Principal Place of Business

1200 BRICKELL AVENUE, SUITE 750  
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVENUE, SUITE 750  
MIAMI FL 33131-3255

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

04-3420885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAWYER, EDWARD E  
200 S. BISCAYNE BLVD., #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.

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 MGR ☐ Delete  
NAME GOADE, WILLIAM W  
STREET ADDRESS 84 STATE STREET  
CITY-ST-ZIP BOSTON MA 02109

TITLE MGR ☐ Delete  
NAME PREVE, DAVID J  
STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 750  
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete  
NAME PORTER, GERALD A  
STREET ADDRESS 11726 SAN VICENTE BLVD., #500  
CITY-ST-ZIP LOS ANGELES CA 90049

TITLE MGR ☐ Delete  
NAME BRADY, JOHN  
STREET ADDRESS 550 S. WINCHESTER BLVD., #600  
CITY-ST-ZIP SAN JOSE CA 95128

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  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/4/00 305 375 8000

APPROVED  
AND  
FILED

00 APR -6 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)