2000 UNIFORM BUSINESS REPORT (UBR)

							-	
DOCUMENT # M9800001439 1. Entity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
CRAWFORD REALTY GROUP, L.L.C.								
					10 FEB 24 PH 12:	34		
Principal Place of Business Mailing Address 555 HORACE BROWN DRIVE 555 HORACE BROWN DRIVE								
MADISON HEIGHTS MI 48071 MADISON HEIGHTS MI 48071-1845								
Principal Place of Business 3. Mailing Address								
16835 KERCHEVAL			CHEVAL		DO NOT WRITE IN THIS SPACE			
City & State CROSSE POINTE, MI GROSSE POINTE			ITE. M.	Y 4. FEIN	38-3442059	}	ot Applicable	
Zip 4 82	Country	Zip 48230	Country US A	5. Certi	ficate of Status Desired	S5.00 Ad		
	6. Name and Address of Current F	Registered Agent			e and Address of New Rec	<u>'</u>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Name Street Address								
				ldress (P.O. Box N	ress (P.O. Box Number is Not Acceptable)			
,			City			FL Zip Coo	le	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered agent,	or both, in the State of Florid	da.		
SIGNATURE .								
DIGHAI OILE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signatur	re required when reinstat	ing)	DATE		
			V!!! FEE IS \$!		m)31-	7/00		
		Make Check Paya	ible to Departn	nent of State	. //	·		
9.	MANAGING MEMBE		10.		ADDITIONS/C	HANGES Change	Addition §	
TITLE MANGE	MGR CRAWFORD, RICHARD S	☐ Delete	NAME				9	
STREET ADDRESS CITY-ST-ZIP	555 HORACE BROWN DR. MADISON HEIGHTS MI 48071		STREET ADDRESS City-St-Zip					
TITLE	MGR	☐ Delete	TITLE			☐ Change	Addition C	
NAME STREET ADDRESS	JAFFEE, IRA J ONE WOODWARD AVENUE		NAME STREET ADDRESS		3000031:	5 48 23- 0010180	8	
CITY- ST- ZIP	DETROIT MI 48226		CFTY-8T-ZIP		*****5 <u>0</u>	<u>.00 *****</u>	0.00	
TITLE NAME	MGR SCHENK, JARED	☐ Delete	TITLE RAME			☐ Change	Addition	
STREET ADDRESS	420 E. OHIO APT. 4G		STREET ADDRESS					
CITY-ST-ZIP	CHICAGO IL 60611	☐ Delete	CITY- ST-ZIP			Change	Addition	
NAME			NAME				J	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS GITY-ST-ZIP					
TITLE		☐ Delete	IIITE		_	☐ Change	Addition	
NAME STREET ADDRESS 4			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE MAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
11. I hereby	certify that the information supplied with on this report is true and acquirate and	this filing does not qualify for th		ed in Section 119.	07(3)(i), Florida Statutes. I fi	urther certify that the i	information	
indicated limited lia	on this report is true and accurate and bility company on the recei <mark>ter or trustee</mark>	that my signature shall have the empewered to execute this ret	e same legal effect port as required b	t as if made unde y Chapter 608, Fic	r oath; that I am a managin orida Statutes.	g member or manage	er of the	
	10/16-7	De offered			1/22/00	252 18	2 -2 2 3	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY MANAGING MEMBER OR MANAGER Date Daylore Phone #								