

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M980000001439

1. Entity Name  
CRAWFORD REALTY GROUP, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 PM 12:34

Principal Place of Business  
555 HORACE BROWN DRIVE  
MADISON HEIGHTS MI 48071

Mailing Address  
555 HORACE BROWN DRIVE  
MADISON HEIGHTS MI 48071-1845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
16835 KERCHVAL  
Suite, Apt. #, etc.

3. Mailing Address  
16835 KERCHVAL  
Suite, Apt. #, etc.

City & State  
GROSSE POINTE, MI  
Zip 48230 Country USA

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GROSSE POINTE, MI  
Zip 48230 Country USA

4. FEI Number 38-3442059  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

3/7/00

## 9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	CRAWFORD, RICHARD S	555 HORACE BROWN DR.	MADISON HEIGHTS MI 48071	<input type="checkbox"/>
MGR	JAFFEE, IRA J	ONE WOODWARD AVENUE	DETROIT MI 48226	<input type="checkbox"/>
MGR	SCHENK, JARED	420 E. OHIO APT. 4G	CHICAGO IL 60611	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/31/00

313-642-2271

CR2E083 (9/99)