

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001441

1. Entity Name

THE TALLAHASSEE PLAZA, 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

3. Mailing Address

16835 KERCHVAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GROSSE POINTE MI

City & State

GROSSE POINTE MI

4. FEI Number

38-3442054

Applied For

Not Applicable

Zip 48230

Country USA

Zip 48230

Country USA

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

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

2/3/00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME CRAWFORD REALTY GROUP, L.L.C.  
STREET ADDRESS 555 HORACE BROWN DRIVE  
CITY- ST- ZIP MADISON HEIGHTS MI 48071 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS / CHANGES

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/31/00

Date

313-642-2271

Daytime Phone #

CR2E083 (9/99)