

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90068 022 ****50.00

DOCUMENT # M99000000827

1. Entity Name

COMMERCIAL REAL ESTATE ADVISORS, LLC

Principal Place of Business

**3595 GRANDVIEW PARKWAY, SUITE 400
BIRMINGHAM AL 35243**

Mailing Address

**3595 GRANDVIEW PARKWAY, SUITE 400
BIRMINGHAM AL 35243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GORECKI, JOHN C	
STREET ADDRESS	3595 GRANDVIEW PARKWAY, SUITE 400	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALTERS, PATRICK A	
STREET ADDRESS	3595 GRANDVIEW PARKWAY, SUITE 400	
CITY-ST-ZIP	BIRMINGHAM AL 35243	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LAWLEY, MICHAEL A	
STREET ADDRESS	15 SOUTH 20TH STREET, SUITE 1305	
CITY-ST-ZIP	BIRMINGHAM AL 35233	

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

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

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

10. ADDITIONS/CHANGES

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)