## 2000 UNIFORM BUSINESS REPORT (UBR)

NAME CRAWFORD REALTY GROUP, LLC. STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP					_			
DO FEB 24 PH I2: 34  Principal Place of Business SS MORACE BROWN DRIVE MADISON HEARTS M 4001  AMAZION PRINCIPS M 4001  AM			0001630		SECRE	FILED TARY OF STATE		
Managed House of Business SS HORACE BROWN DRIVE SS HORACE BROWN DRIVE SS HORACE BROWN DRIVE MANDSON HEIGHTS IN 40071-1945  2. "physical Place of Business Suite, Apr. #, 68  2. "physical Place of Business Suite, Apr. #, 68  3. "Suite, Apr. #, 68  5. "Suite, Apr. #, 68  5. "Suite, Apr. #, 68  5. "Suite, Apr. #, 68  6. "Suite and Address of Current Registered Agent  CT CORPORATION SYSTEM  6. "Suite and Address of Current Registered Agent  CT CORPORATION SYSTEM  7. "Name and Address of New Registered Agent  7. "Name and Address of New Registered Agent  100 SOUTH PINE SUNDS ROAD  PLANTATION FL 33324  5. "Suite Address of Pool Box Number to Not Acceptancie"  100 SOUTH PINE SUNDS ROAD  PLANTATION FL 33324  6. "The above named entity submits this statement to the purpose of changing its registered effice or registered agent, or both in the State of House Registered Agent  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  6. "MANAGING MEMBERS, VALVIERS  7. "Reme and Address of New Registered Agent  100 MGR CRAWFORD REALTY GROUP, LLC."  101 MGR CRAWFORD REALTY GROUP, LLC."  102 MGR CRAWFORD REALTY GROUP, LLC."  103 M					DIVISION	OF CORPORATIONS		
### APPOINT END TO Business  2. Project Tions of Business  2. Project Tions of Business  2. Project Tions of Business  3. Marie Accordance  4. FE Nouthbor APPLIED FOR  A PARIED FOR  A					00 FEB	24 PH 12: 34		
AGISON HEIGHTS MI 48071  AGISON HEIGHTS MI 480	Principal Plac	e of Business	Mailing Address					
2. Principal State of Business South, Apr. 1, etc.  Dots, Apr. 1, etc.  Soc.  Dots, Apr. 1, etc.  Soc.  Dots, Apr. 1, etc.  Soc.  Dots, Apr. 1, etc.  Dots, Apr. 1, et								
SUB- Application  SUB- Applica	MADISON HER	GH15 MI 480/1	MADISON HEIGHTS MI 4007	71-1043	1.00			11211 <b>3 1</b> 112 1 <b>111</b> 1
SUB- Application  SUB- Applica								
Suite, Apt. in. etc.   County   Applied For   Applied Fo	77 0 3		3. Mailing Address KER	CHEVAL	1 100		11 <b>00</b> 101 11010 01100	
APPLIED FOR						DO NOT WRITE IN THE	S SPACE	
29 4 8 2 3 Country 5 29 4 8 2 3 0 Country 6 29 4 8 2 3 0 Country 6 29 4 8 2 3 0 Country 6 29 4 8 2 3 0 Country 7 29 4 8 2 3 0 Country 7 29 4 8 2 3 0 Country 6 29 2 4 8 2 3 0 Country 7 29 4 8 2 3 0 Country 8 29 29 29 29 29 29 29 29 29 29 29 29 29	City & Statر		City & State	4	4. FEI Nun	iber ADDI IED EOD	Ap	plied For
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL 7/p Code  8. The above named entity submits this statement for the purpose of changing its registered editice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATU		E POINTS NIL		<u> </u>	=	APPLIED FOR		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL 7ip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both in the State of Florida.  SIGNATURE  SPECIAL PROPERTY OF THE PROPERT	<sup>2</sup> 48.	230 "USA	48230				Fee Required	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zid Code  6. 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		6. Name and Address of Current I	Registered Agent	Name	7. Name a	nd Address of New Registered	d Agent	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City   FL   Zip Code	C T CORF	PORATION SYSTEM		Street Address	s (PO Box Num	ber is Not Acceptable)		
City FL 7ip 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  SIG								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and tife it explicable.  OCTIC Registered Agent signature registered agent, or both. In the State of Florida.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State.  9. MANAGING MEMBERS / MEMBERS  10. ADDITIONS/CTANGES  110.	PLANTATI	ON FL 33324					■ Zip Code	
SIGNATURE    Signature, oped or private name of registered agent and tide (registered agent signature registered agent signature agent and tide (registered agent signature registered agent signature)   Date				City		F	L Zip Code	<del>.</del>
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State    MGR	8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regist	tered agent, or t	ooth, in the State of Florida.		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  10. ADDITIONS/CHANGES  TITLE MAKE CRAWFORD REALTY GROUP, LLC. STRET ADDRESS CITY-ST-2P  TITLE MADISON HEIGHTS MI 48071  TITLE MANE STRET ADDRESS CITY-ST-2P  TITLE MANE S	SIGNATURE	4	ANOTE:	Registered Agent signed or requi	rod whon reinstation\	DATE		
Make Check Payable to Department of State    Make Check Payable to Department of State	-	Signature, typed or primed name or registered agent a						
9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CNANGES  TITLE MAGR CRAWFORD REALTY GROUP, LL.C. STRET ADDRESS STRET ADD						-r/3	17100	,
TITLE MARKE CRAWFORD REALTY GROUP, LLC. STRET ADDRESS SS5 HORACE BROWN DRIVE GITT-SI-ZP MADISON HEIGHTS MI 48071  TITLE MARKE STRET ADDRESS GITY-SI-ZP  TITLE MARKE STRET ADDRESS GITY-S							·	
MANE CITY-ST-ZIP  TITLE MADISON HEIGHTS MI 49071  TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-						ADDITIONS/CHANGI		Addition
CITY-ST-ZIP  MADISON HEIGHTS MI 48071  TITLE  MANE STRET ADDRESS CITY-ST-ZIP  TITLE  MARK STRET	NAME	CRAWFORD REALTY GROUP, L.L						
TITLE HAME STREET ADDRESS CITY-ST-ZIP CITY								
STREET ADDRESS CITY-ST-ZIP  TITLE    Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE     Deinto   TITLE   Deinto   Deinto   TITLE   Deinto   Deinto   TITLE   Deinto   Deinto   TITLE   Deinto   Deinto   Deinto   TITLE   Deinto   Deinto	TITLE		☐ Deleta				☐ Champa	Addition
TITLE    Debrts					1	00003164	821-	-4
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delerto TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY	CITY-ST-ZIP			CITY-ST-ZIP		<del>*****\</del> 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del>- ******5</del> E	<del>).00 —</del>
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREE			☐ Deleto	· ·			∐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	STREET ADDRESS							
NAME \$TREFT ADDRESS CITY-ST-ZIP  TITLE   Deleth   TITLE   Deleth   TITLE   Deleth   TITLE   Deleth   TITLE   Deleth   TITLE   TITLE   Deleth			☐ Relate	<del></del>			Change	Addition
CITY-ST-ZIP  CITY-	NAME			NAME			-	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling 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 tristee enhancement of the execute this report as required by Chapter 608, Florida Statutes.								
STREET ADDRESS CITY-ST-ZIP  TITLE 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 tristee enhancement to execute this report as required by Chapter 608, Florida Statutes.	IIITE		☐ Dedecto	TITLE			Change	Addition
TITLE  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 shell 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 tristee enhancement to execute this report as required by Chapter 608, Florida Statutes.		1						
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 enhancement to execute this report as required by Chapter 608, Florida Statutes.	CITY- ST- ZtP			CITY-ST-ZIP				<u></u>
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 tristee enhoward to execute this report as required by Chapter 608, Florida Statutes.			☐ Delete				Change	Addition
11. I hereby certify that the information supplies 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 tristae or powered to execute this report as required by Chapter 608, Florida Statutes.	STREET ADDRESS			STREET ADDRESS				
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 fimited liability company or the receiver or tristee empowared to execute this report as required by Chapter 608, Florida Statutes.	11 I hereby	certify that the information sensited with	this filing does not qualify for t	the exemption stated in	Section 119.070	3)(i), Florida Statutes. I further o	certify that the in	nformation
1/21/00	indicated	I on this report is true and accurate and	that my signature shall have th	ne same legal effect as i	f made under oa	ath: that I am a managing mem	ber or manage	r of the
						/a. / .		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #	SIGNAT	URE: SIGNATURE AND TYPED OF BOIL	ITED NAME OF SIGNING MANAGEMENT	EMBER OR MANAGER		1/31/00 3	3-642 Daytime Phone #	-2271