

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001631

1. Entity Name

CASA CORDOBA APARTMENTS, 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 KERCHEVAL
Suite, Apt. #, etc.

3. Mailing Address

16835 KERCHEVAL
Suite, Apt. #, etc.

City & State

GROSSE POINTE MI
Zip 48230 Country USA

City & State

GROSSE POINTE MI
Zip 48230 Country USA

4. FEI Number

APPLIED FOR

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

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

9. MANAGING MEMBERS/MEMBERS

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

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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/31/00

Date

313-642-2271

Daytime Phone #

CR2E083 (9/99)