2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)							APPKUY: - AND			
DOCUMENT # M9900001631								FILE		
CASA CORDOBA APARTMENTS, L.L.C.						01 MAY -3 PH 3: 45				
							SECRETARY OF STATE			
Principal Place of Business Ma			ailing Address					TALLAHASSEE	FLORID	4
			5835 KERCHEVAL ROSSE POINTE MI 482:0							
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2. Principal Place of Business 3. N			Mailing Address				-			
Suite, Apt. #, etc. S			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEII	Number 13746 APPLIED FOR		Applied For Not Applicable
Zip	Country Zip		p Country				5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registe			ered Agent				7. Nam	e and Address of New Register		
C T COD	DODATION OVOTEN	. ~ . ~	Name	and the same of th						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street A	Address (P.O. Box N	Number is Not Acceptable)		
PLANTATI										
			C		City				Zip Co	ode
8. The above	named entity submits this statement	for the pu	urpose of changing its r	egistere	ed office o	r register	ed agent,	or both, in the State of Florida.		
SIGNATURE						İ				
	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTI	Registere	d Agent signa	ture required	when reinstat	,		
			FILE NO	3. at	3.0			30000432 -05/25/01	:3 (Us 01073-	3 — — 1 <u>-3</u> -017
			Make Check Pa	able t	o Depart	iment¦o	f State	*****50(
9.	MANAGING MEM	IBERS/MI	EMBERS	10.		. !		ADDITIONS/CHANG		
TITLE NAME	MGR	1.0	Delete	TITLE NAMI		men			Change Change	☐ Addition
STREET ADDRESS	CRAWFORD REALTY GROUP, L.L.C. 555 HORACE BROWN DRIVE				ET ADDRESS	1683;	Ford Really Group LLC 5 Kercheval			
CITY-ST-ZIP	MADISON HEIGHTS MI 48071				- ST-ZIP	6105	e Point	c, M1 48230		
TITLE NAME			☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP TITLE			☐ Delete	TITLE	-ST-ZIP				☐ Change	☐ Addition
NAME			Detele	NAME		4			Change	C. , «Carrisi,
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP	,		•		
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NAME				NAME						,
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -St-ZIP				٠	
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME Street address				NAME STREE	E et address					
CITY-ST-ZIP -			·		ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				STREE	ET ADDRESS	:				
CITY-ST-ZIP				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 DYNINTED NAME OF SIGNING MANAGING MEMBER, MAN/ GER, OR AUTHORIZED REPRESENTATIVE

313-642-2270