

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0031764 SP

01 MAY -3 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001631

1. Entity Name

CASA CORDOBA APARTMENTS, L.L.C.

Principal Place of Business

16835 KERCHEVAL  
GROSSE POINTE MI 48230

Mailing Address

16835 KERCHEVAL  
GROSSE POINTE MI 48230

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.

(NOT) Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004323703--8  
-05/25/01--01073--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  
NAME CRAWFORD REALTY GROUP LLC  
STREET ADDRESS 16835 Kercheval  
CITY-ST-ZIP Grosse Pointe, MI 48230

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)