

2001 UNIFORM BUSINESS REPORT (UBR)

0027496 AF

DOCUMENT # **L00000007072**

FILED

01 APR 17 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name CRESCENT SEMINOLE LLC	
Principal Place of Business 400 SOUTH TRYON STREET, SUITE 1300 CHARLOTTE NC 28201	Mailing Address 400 SOUTH TRYON STREET, SUITE 1300 CHARLOTTE NC 28201
2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 1300</i>	3. Mailing Address Suite, Apt. #, etc. <i>Suite 1300</i>
City & State	City & State
Zip	Country
Zip	Country

4. FEI Number <i>58-255830-2</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, JOHN R JR
280 WEST CANTON AVENUE, SUITE 410
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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-04/25/01--01047--014
******100.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME <i>mgr</i> Crescent Resources LLC <input type="checkbox"/> Delete 400 S. Tryon St Suite 1300 PO Box 1002 Charlotte NC 28201-1003	
TITLE NAME <i>mgr</i> F.F. South Florida, Inc. <input type="checkbox"/> Delete 6001 Vineland Rd Suite 111 Orlando FL 32819	
TITLE NAME <i>mgr</i> RKALT Limited Partnership <input type="checkbox"/> Delete 7606 Dr. Phillips Blvd Orlando FL 32819	
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Crescent Resources LLC*
Crescent Resources LLC, Managing Partner
4/5/01 **9104 373 8376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
By: [Signature], Vice President

CR2E083 (11/00)