

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007072

FILED
Apr 28, 2004
Secretary of State

Entity Name: CRESCENT SEMINOLE LLC

Current Principal Place of Business:

400 SOUTH TRYON STREET, SUITE 1300
CHARLOTTE, NC 28201

New Principal Place of Business:

Current Mailing Address:

400 SOUTH TRYON STREET, SUITE 1300
CHARLOTTE, NC 28201

New Mailing Address:

FEI Number: 58-2558302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CRESCENT RESOURCES L, LC
Address: 400 S TRYON ST., STE 1300
City-St-Zip: CHARLOTTE, NC 282011003

Title: MGR () Delete
Name: F.F. SOUTH FLORIDA,, INC.
Address: 6001 VINLAND RD., STE 111
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: RKALT LIMITED PARTNE, RSHIP
Address: 7600 DR PHILLIPS BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGR

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date