


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000007072**

1. Entity Name  
**CRESCENT SEMINOLE LLC**



Principal Place of Business      Mailing Address

400 SOUTH TRYON STREET, SUITE 1300      400 SOUTH TRYON STREET, SUITE 1300  
 CHARLOTTE, NC 28201      CHARLOTTE, NC 28201



04132005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2558302**      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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

U000000330184  
 04/25/05-80144-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRESCENT RESOURCES LLC 400 S TRYON ST., STE 1300 CHARLOTTE, NC 282011003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR F.F. SOUTH FLORIDA, INC. 6001 VINLAND RD., STE 111 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RKALT LIMITED PARTNERSHIP 7600 DR PHILLIPS BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Dale Glogowski; Dale Glogowski, Asst. Sec.      4/15/05      980-373-6639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

*Crescent Resources, LLC, mgr.*