

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90013 040 \*\*\*\*50.00

DOCUMENT # L00000007072



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

20021661



03092006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
58-2558302	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CRESCENT RESOURCES LLC
STREET ADDRESS	400 S TRYON ST., STE 1300
CITY-ST-ZIP	CHARLOTTE, NC 282011003
TITLE	MGR
NAME	F.F. SOUTH FLORIDA, INC.
STREET ADDRESS	6001 VINLAND RD., STE 111
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	MGR
NAME	RKALT LIMITED PARTNERSHIP
STREET ADDRESS	7600 DR PHILLIPS BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
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 exemptions contained in Chapter 119, 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: R. Wayne McGee R. Wayne McGee 3-16-06 7043821711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #