


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-28-2006 90011 023 ****50.00

DOCUMENT # L04000052160	
1. Entity Name CRESCENT PARK VENTURE, LLC	

Principal Place of Business 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 4288 TALLAHASSEE, FL 32315-4288
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0514440	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BUFORD, A L III
 217 JOHN KNOX ROAD
 TALLAHASSEE, FL 32303

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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: *A L Buford* DATE: 3.24.06

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUFORD, A L III 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303
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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: *A L Buford* Date: 3.24.06 Daytime Phone #: 850.385.6363

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