

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR).**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90035 041 \*\*\*\*50.00

**DOCUMENT #**

1. Entity Name

Crescent Beach Plaza, LLC

**DO NOT WRITE IN THIS SPACE**

933260

2. Principal Place of Business

St. Augustine, Florida

3. Mailing Address

341 East 149th Street

Suite, Apt. #, etc.

6975 A1A South

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

Bronx, New York 10451

Zip

32086

Country

USA

Zip

10451

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lat Purser & Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable)

6320 St. Augustine Road, Suite #7

City

Jacksonville

FL

Zip Code  
32217

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

3-11-02

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Barry Levites  
Levites Realty, 341 E. 149th Street  
Bronx, New York 10451

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Ronald Rettner  
Rettner Management Corp, 481 Main St  
NEW Rochelle, NY 10801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

Managing Member

March 6, 2002

914-636-7000

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

Date

Daytime Phone #

CR2E083B (12/01)