

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90164 002 \*\*\*\*50.00

**DOCUMENT # L01000008580**

1. Entity Name

CRESCENT BEACH PLAZA, LLC



Principal Place of Business

ST AUGUSTINE, FLORIDA  
6975 A1A SOUTH  
SAINT AUGUSTINE, FL 32086

Mailing Address

341 EAST 149TH ST.  
BRONX, NY 10451

20060339



**DO NOT WRITE IN THIS SPACE**

06012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAT PURSER & ASSOCIATES, INC  
6320 ST AUGUSTINE RD SUITE 7  
JACKSONVILLE, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEVITES, BARRY 1
STREET ADDRESS	LEVITES REALTY, 341 E 149 ST
CITY - ST - ZIP	BRONX, NY 10451

TITLE	MGRM
NAME	RETTNER, RONALD
STREET ADDRESS	RETTNER MANAGEMENT CORP 481 MAIN ST
CITY - ST - ZIP	NEW ROCHELLE, NY 10801

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:**

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

Date

Daytime Phone #

6/16/05