

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Sep 15, 2008 08:00 AM
Secretary of State



09122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000959790
09/15/08-80007-004 143.75

**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:

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

Date

Daytime Phone #

9/12/08 718-993-9060