


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90280 001 ***100.00

DOCUMENT # L02000005981
 1. Entity Name
CRESENT CAPITAL, L.L.C.



Principal Place of Business 29 CHELSEA LOOP SANTA ROSA BEACH, FL 32459	Mailing Address 29 CHELSEA LOOP SANTA ROSA BEACH, FL 32459
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01052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0217311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Annual Fee Required

8. Name and Address of Current Registered Agent

WATSON, FRANKLIN H PA
 5385 E. COUNTY HIGHWAY 30-A, SUITE 105
 SEAGROVE BEACH, FL 32459

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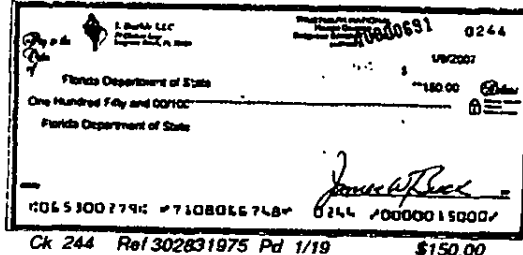
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
 Due by May 1, 2007**

10. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUCKLE, JAMES W 29 CHELSEA LOOP SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALESIA JANE BUCKLE 29 CHELSEA LOOP SANTA ROSA BEACH, FL 32459
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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 808, Florida Statutes.

SIGNATURE: James W. Buckle Date: 01/05/07 Debits Phone #: 8895431717
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE