2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023464

Address:

City-St-Zip:

Entity Name: CRESCENT LIVING SERVICES, LLC

FILED Mar 16, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---------------------------------------------------------------|----------------------------------|-------------------------------------------|---------------------------------------|
| 820 NW 14TH AVENUE OCALA, FL 34475 US | 3 | | |
| Current Mailing Address: | | New Mailing Address: | |
| 820 NW 14TH AVENUE OCALA, FL 34475 US | 6 | | |
| FEI Number: 20-2459899 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| MUHAMMAD, SHANI R 820 NW 14TH AVENUE OCALA, FL 34475 US | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electron | nic Signature of Registered Ag | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | |
| Title: (|) Delete | | () Change (X) Addition |

Address:

City-St-Zip:

820 NW 14TH AVENUE

OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHANI MUHAMMAD CEO 03/16/2006