2000 HNIEDDM BLICINESS DEDOOT (HDD)

2000	ONIFORM BUSI	ME33 NEFC	INI (UBN)					
1. Entity Nam		F II	LED LY OF STATE CORPORATIONS					
FIRST CRESCENT PROPERTIES, L.C.				l l				
Principal Place of Business Mailing Address				00 AUG 2 I	AM 10: 02	Λ		
P.O. BOX 2936 P.O. BOX 2936			•		~	~		
PINELLAS PA	RK FL 34664	PINELLAS PARK FL 3466	64			0	.4818 1181 1881	
2. Principal Place of Business		3. Mailing Address) (Signaliana sa sa	181 81511 88111 88111 88111 88111 88	.514 88 155 8 2 8 15 1	18616 1181 1861	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			O NOT WRITE IN THIS SE	PACE	,	1
City & State `		City & State		4. FEI Number	9-3349120		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of State	ertificate of Status Desired Status Desired Fee Required]
	6. Name and Address of Current I	Registered Agent			ss of New Registered Aç	<u> </u>		1
BACON I	DAVID A ESQ.		Name					}
	AVE. NORTH		Street Addres	s_(P,OBox Number.is_No	t Acceptable)			╣
ST. PETERSBURG FL 33713				······································		1		
			City		FL_	Zip Code	· .	
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or regist	ered agent, or both, in the	e State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE			
			OW!!! FEE IS \$50.00					1
			yable to Department					
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHANGES			$\frac{1}{2}$
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition) (5)
STREET ADDRESS BATRAWY, AHMAD P.O. BOX 2936 N/A			NAME STREET ADDRESS	400	0033802 -09/01/00010	! 1 4 - 1530	- -	2E083 /
CITY-ST-ZIP	PINELLAS PARK FL 33780		CITY-ST-ZIP		<u>*****50_00_</u> *			70
TITLE NAME	MGRM ESMAT, HODA	Delete	TITLE .		'	crange	L. ADDITION	
STREET ADDRESS CITY-ST-ZIP	P.O. BÓX 2936 N/A PINELLAS PARK FL 33780		STREET ADDRESS City-St-Zip					
TITLE	PINELLAS PARK PL 33760	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	·		CITY-ST-ZIP				<u></u>	
TITLE*	نے راکسجتان از کا مامنستان ا	Delete	NAME NAME	للوساري بمحديد	ا اسانه د ا	Change	Addition	-
STREET ADDRESS	Į.		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ Delete	TITLE		,	☐ Change	Addition	1
NAME STREET ADDRESS :			NAME STREET ADDRESS				•	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME		,	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
11. I hereby o	ertify that the information supplied with	this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florid	da Statutes. I further certif	y that the in	formation	1
indicatéd	on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have	the same legal effect as it	made under oath; that I	am a managing member	or manager	of the	
SIGNAT		atta a Eagl	REMam) 8/15/g	90	rtime Phone #		
	digital une and types ur prin	ited name of bigning managing	MEMBER ON TORNALES	, De	Usy	101 170 F 1 T.A. 16 T		1