

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000472

1. Entity Name
FIRST CRESCENT PROPERTIES, L.C.

FILED

01 FEB 15 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 2936
PINELLAS PARK FL 34664

Mailing Address
P.O. BOX 2936
PINELLAS PARK FL 34664

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3349120

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACON, DAVID A ESQ.
2959 1ST AVE. NORTH
ST. PETERSBURG FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BATRAWY, AHMAD ☐ Delete
STREET ADDRESS P.O. BOX 2936 N/A
CITY-ST-ZIP PINELLAS PARK FL 33780

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM ESMAT, HODA ☐ Delete
STREET ADDRESS P.O. BOX 2936 N/A
CITY-ST-ZIP PINELLAS PARK FL 33780

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Ahmed Batrawy (Batrawy, Ahmed) 2/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0028328 AF

CR2E083 (11/00)