2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) --

Secretary of State DOCUMENT # L95000000472 03-13-2006 90355 017 ****50.00 1. Entity Name FIRST CRESCENT PROPERTIES, L.C. Principal Place of Business Mailing Address P.O. BOX 2936 PINELLAS PARK FL 33780 P.O. BOX 2936 PINELLAS PARK FL 33780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State 59-3349120 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACON, DAVID A ESQ. Street Address (P.O. Box Number is Not Acceptable) 2959 1ST AVE. NORTH ST. PETERSBURG FL 33713 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Required Agent signature required when recouldn't DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition TITLE Chance TITLE MGRM Delete NAME NAME RATRAWY, AHMAD STREET ADDRESS STREET ADDRESS P.O. BOX 2936 N/A CITY - ST - ZIP PINELLAS PARK FL 33780 CITY-ST-ZIP T) TI E ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME ESMAT, HODA STREET ADDRESS P.O. BOX 2936 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP PINELLAS PARK FL 33780 Oetete TITE E ☐ Change Addition TILE NAMF. NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Channe ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE IITLE NAME NAME STREET ADDRESS STREET ADDRESS C11Y-\$1-29P CITY - ST - ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Mar 22, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2006

FIRST CRESCENT PROPERTIES, L.C. P.O. BOX 2936 PINELLAS PARK, FL 33780

Subject: FIRST CRESCENT PROPERTIES, L.C.

Reference Number:

L95000000472

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION