

2000 UNIFORM BUSINESS REPORT (UBR)

0007366 AF

DOCUMENT # **L98000001969**
 1. Entity Name
CRESCENT MANOR APARTMENTS, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 17 AM 10:21

Principal Place of Business G/O CRESCENT MANOR OFFICE 1501 CRESCENT CIRCLE LAKE PARK FL 33403	Mailing Address G/O CRESCENT MANOR OFFICE 1501 CRESCENT CIRCLE LAKE PARK FL 33403-2239
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % Larmar Management Inc Suite, Apt. #, etc. 1501 Crescent Circle City & State Lake Park, Fl Zip Country 33403 Palm Beach	3. Mailing Address %Larmar Management Inc Suite, Apt. #, etc. 1501 Crescent Circle City & State Lake Park, Fl Zip Country 33403 Palm Beach
--	---

4. FEI Number 65-0882583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GERSON, THEODORE F
367 GLENBROOK DRIVE
ATLANTIS FL 33462

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 2/28/00

9. MANAGING MEMBERS / MEMBERS	
TITLE MGR	<input checked="" type="checkbox"/> Delete
NAME GERSON, THEODORE F	
STREET ADDRESS 1501 CRESCENT CIRCLE	
CITY-ST-ZIP LAKE PARK-FL-33403	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE Mgr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gerson, Theodore F	
STREET ADDRESS 367 Glenbrook Drive	
CITY-ST-ZIP Atlantis, Fl 33462	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Theodore F Gerson* **SIGNATURE REQUIRED** **2-14-00** **(561) 845-1877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E063 (9/99)