

# 2000 UNIFORM BUSINESS REPORT (UBR)

XU7R17 AF

**DOCUMENT # L98000001970**

1. Entity Name  
**CRESCENT CIRCLE APARTMENTS, L.C.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 FEB 17 AM 10:20

Principal Place of Business <del>C/O CRESCENT MANOR OFFICE</del> <del>1501 CRESCENT CIRCLE</del> <del>LAKE PARK FL 33403</del>	Mailing Address <del>C/O CRESCENT MANOR OFFICE</del> <del>1501 CRESCENT CIRCLE</del> <del>LAKE PARK FL 33403-2229</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>% Larmar Management Inc</b> Suite, Apt. #, etc. <b>1501 Crescent Circle</b> City & State <b>Lake Park, Fl</b> Zip <b>33403</b> Country <b>Palm Beach</b>	3. Mailing Address <b>% Larmar Management Inc</b> Suite, Apt. #, etc. <b>1501 Crescent Circle</b> City & State <b>Lake Park, Fl</b> Zip <b>33403</b> Country <b>Palm Beach</b>
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4. FEI Number <b>65-0882580</b>	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 \_\_\_\_\_

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

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Mgr Gerson, Theodore F 367 Gleenbrook Drive Atlantis, Fl 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8000003155338--0 -03/03/00--01017--019 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
mf 2/28/00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1. 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 for the officer 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 #

CR2E083 (9/99)