File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 FEB 25 AM 10: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003166** CRESCENT CENTER STORAGE, L.C. Q9-A/A 1a. Principal Place of Business Address 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 12/14/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0882609 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Ζiρ \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ERIC WOLF MOMBACH, GEOFFREY S ESQ. MOMBACH, BOYLE & HARDIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD., SUITE 1950 2882 SMITH SMAY ROAD FORT LAUDERDALE FL 33394 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations DATE 2/18/99 **SIGNATURE** 4OTE: Registered Agent signal ire required when revistaling) od Agent Accepting Appointment) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title 288-Z SMITH SUNDY ROAD DELRAY BEACH FL MGRM WOLF, STEVEN 600002796806---\$ -03/05/99--01118--022 ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TOTAL OF PRINTED HAME OF SIGNIFE MEMBER OF MATERIAL

2/18/17 (84)488-560

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