

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017838 SP

DOCUMENT # L98000003166

1. Entity Name  
CRESCENT CENTER STORAGE, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:47

Principal Place of Business Mailing Address  
288-Z SMITH SUNDY ROAD 288-Z SMITH SUNDY ROAD  
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0882609 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
MOMBACH, GEOFFREY S ESQ.  
MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FORT LAUDERDALE FL 33394

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 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  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM WOLF, STEVEN  
288-Z SMITH SUNDY ROAD  
DELRAY BEACH FL 33446  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
ERIC WOLF  
288 Z SMITH SUNDY ROAD  
DELRAY BEACH, FL 33446  
0000003153110-6  
-03/01/00--01077--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DATE (3/26/00) (562) 498-5600 Daytime Phone #

CR2E083 (9/99)