DOCU	MENT # L9800	000031	66		•			FIL	ED			
CRESCENT CENTER STORAGE, L.C.							01 HAR 30 AH 9: 49					
** ** **							ŞECI	RETARY	OF_ST/	ATE		
Principal Place of Business Mailing Address 200.7 SMITH SUNDY POAD 200.7 SMITH SUNDY POAD							-IALL/	AHASSE	E, FLO	RIDA :		
288-Z SMITH SUNDY ROAD  DELRAY BEACH FL 33446  DELRAY BEACH FL 33446  DELRAY BEACH FL 3344									,			ó
2. Principal Place of Business 14450 Smith Sundy Rd. 14460 Smith					dy k	2d.	!		EJIR <b>Ha</b> iri <b>da</b> ki	<b>           </b>		HI BIK INK
Suite, Apt.		Suite, Apt			<u>~y                                    </u>		[	OO NOT WR	IITE IN THIS	SPACE		W
City & Stat	te	City & Sta	ate			4. FEI	Number 6	5-088260	9	,	+	lied For .
Zip	Country	Zip		Countr	у	<b>5.</b> Cer	tificate of Sta	tus Desired		\$5.00 Fee Req	Additi	• •
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	nt Registered Age	ent	I.	Nomo	7. Nan	ne and Addre	ss of New	Registered	<del></del>		
MOMBACH, GEOFFREY S ESQ.					Name	44 (20.2	Normalis e - 1 - 11					-
,	H, BOYLE & HARDIN, P.A.				Street A	Address (P.O. Box	Number is No	n Acceptabl	e) 			
500 EAST	r Broward Blvd., Suite 1950 Uderdale FL 33394				000					<u> </u>	<b>\</b>	
FORT I AL					City	•			F	L Zip (	ode	
					<del></del>							
	e named entity submits this statement (	for the purpose o	f changing its	registered	d office o	r registered agent	, or both, in th	e State of F				
	e named entity submits this statement t							ne State of Fl	lorida.			
8. The above			(NOTI	E: Registered /	Agent signat	ure required when reinsta	ating)	)003	orida.	544		
8. The above	e named entity submits this statement t	nt and title if applicable.	(NOTI	E: Registered /	Agent signat	ure required when reinsta	ating)	) -04/1	lorida.	<b>344</b> -01028	0	
8. The above	e named entity submits this statement of sta	nt and title if applicable.	(NOTI FILE NO e Check Pa	E: Registered /	Agent signat	ure required when reinste	ating)	) -04/1	DATE 3996 3/01	344 -01028 J ***	0 **5	13
8. The above SIGNATURE 9.	e named entity submits this statement of sta	nt and title if applicable.  Mak	(NOTI FILE NO e Check Pa	OW!!! Flyable to	Agent signat	ure required when reinste	ating)		DATE 3996 3/01	3 <b>44</b> -01028 J ***	0 **5	13
8. The above	e named entity submits this statement of sta	nt and title if applicable.  Mak	FILE NO FILE NO e Check Pa	OW!!! Flyable to	Agent signat EE IS \$ Depart	ure required when reinste	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	344 -01028 J ***	0 **5	13 0.00
8. The above SIGNATURE  9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	nt and title if applicable.  Mak  BERS/MEMBERS	FILE NO FILE NO e Check Pa	OW!!! Flyable to  10. TITLE NAME STREET CITY-S	Agent signat EE IS \$ Depart	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	344 -01028 J ***	0 **5 	13 Û.ÛÛ □ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	nt and title if applicable.  Mak  BERS/MEMBERS	FILE Note Check Pa	OW!!! Flyable to  10. TITLE NAME STREET CITY-S TITLE NAME	Agent signat EE IS \$ Depart	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	344 -01028 J *** S ☑ Chan	0 **5 	13 0.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE Note Check Pa	DW!!! F yable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	Agent signat EE IS \$ Depart  ADDRESS ST-ZIP	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	5-4-4 -01028   *** S   Chan	——() •(**5) ge	13 Û. ÛÛ
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE Note Check Pa	DW!!! F yable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME	Agent signat  EE IS \$ Depart  I ADDRESS ST-ZIP  ADDRESS ST-ZIP	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	344 -01028 J *** S ☑ Chan	——() •(**5) ge	13 Û.ÛÛ □ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE Note Check Pa	DW!!! F yable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME	Agent signat  EE IS \$ Depart  I ADDRESS ST-ZIP  ADDRESS ADDRESS	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	5-4-4 -01028   *** S   Chan	——() •(**5) ge	13 Û. ÛÛ
9. SIGNATURE  9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE Note Check Pa	DW!!! Flyable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Agent signat  EE IS \$ Depart  I ADDRESS ST-ZIP  ADDRESS ADDRESS	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	5-4-4 -01028   *** S   Chan		13 Û. ÛÛ
9. SIGNATURE  9. ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE NO e Check Pa Delete Delete	DW!!! Flyable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	Agent signat  EE IS \$ Depart  I ADDRESS ST-ZIP  ADDRESS ADDRESS	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	3 4 4 1 1 1 1 1 2 8 1 1 1 2 8 1 1 1 1 1 1 1 1		13 Ü. ÜÜ Addition
9. SIGNATURE  9. ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE NO e Check Pa Delete Delete	DW!!! Flyable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	Agent signet EE IS \$ Depart  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	3 4 4 1 1 1 1 1 2 8 1 1 1 2 8 1 1 1 1 1 1 1 1		13 Ü. ÜÜ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE NO e Check Pa Delete Delete	E: Registered / OW!!! Fl yable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE	Agent signet EE IS \$ Depart  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	3 4 4 1 1 1 1 1 2 8 1 1 1 2 8 1 1 1 1 1 1 1 1	++5	13 Ü. ÜÜ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE Note Check Paragrams Delete Delete Delete	E: Registered / OW!!! Fl yable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	S Chan	++5	13 Ü. ÜÜ  Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE NO E Check Pa  Delete  Delete  Delete	E: Registered /  OW!!! Fi yable to  10.  TITLE NAME STREET CITY-S	ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	Chang	++5	13 U. UU  Addition  Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE Note Check Paragrams Delete Delete Delete	E: Registered / OW!!! Fl yable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	S Chan	++5	13 Ü. ÜÜ  Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MGRM WOLF, STEVEN 288-Z SMITH SUNDY ROAD	Mak BERS/MEMBERS	FILE NO E Check Pa  Delete  Delete  Delete	E: Registered /  OW!!! Fi yable to  10.  TITLE NAME STREET CITY-S  TITLE NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ure required when reinsta \$50.00 ment of State	ating)	JIJLU: -U4/1 ****	DATE BSSEL 3/01 *50.00	Chang	++5	13 U. UU  Addition  Addition  Addition

Steven Wolf 5/20/01 (561)498-5600 E OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Object Organical Property Constitution of the Constituti