

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032494 SP

DOCUMENT # L98000003166

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

FILED

01 MAR 30 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
288-Z SMITH SUNDY ROAD  
DELRAY BEACH FL 33446



2. Principal Place of Business  
14450 Smith Sundry Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
14450 Smith Sundry Rd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**MIJH**

City & State

City & State

4. FEI Number 65-0882609

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MOMBACH, GEOFFREY S ESQ.  
MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FORT LAUDERDALE FL 33394

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

7000003996447--6  
-04/13/01--01028--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

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

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 14450 Smith Sundry Rd.  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)