

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003166

1. Entity Name

CRESCENT CENTER STORAGE, L.C.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90170 044 ****50.00

Principal Place of Business

14450 SMITH SUNDY ROAD
DELRAY BEACH FL 33446

Mailing Address

14450 SMITH SUNDY ROAD
DELRAY BEACH FL 33446

2. Principal Place of Business

5801 N. Congress Ave.
Suite, Apt. #, etc.

3. Mailing Address

5801 N. Congress Ave.
Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number 65-0882609

Applied For
Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WOLF, STEVEN
STREET ADDRESS 14450 SMITH SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5801 N. Congress Avenue
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS Eric Wolf
CITY-ST-ZIP 5801 N Congress Avenue
Boca Raton, FL 33497

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-498-5600

Date

Daytime Phone #

CR2E083 (9/01)