

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90081 031 ****50.00

DOCUMENT # **L99000004110**

1. Entity Name

CRESCENT INN, L.C.

DO NOT WRITE IN THIS SPACE

977051

2. Principal Place of Business

108 SAND DOLLAR LANE

Suite, Apt. #, etc.

3. Mailing Address

108 SAND DOLLAR LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0952910

Applied For

Not Applicable

Zip

34242

Country

Zip

34242

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MATTHEW P. ELLIS

Street Address (P.O. Box Number is Not Acceptable)

108 SAND DOLLAR LANE

City

SARASOTA

FL

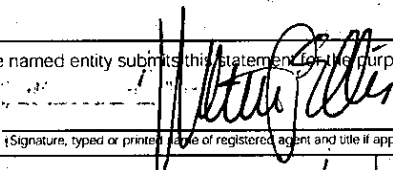
Zip Code

34242

**DO NOT WRITE
IN THIS SPACE**

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



MATTHEW P. ELLIS

8.23.02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
MATTHEW P. ELLIS
108 SAND DOLLAR LANE
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
CATHY J. ELLIS
108 SAND DOLLAR LANE
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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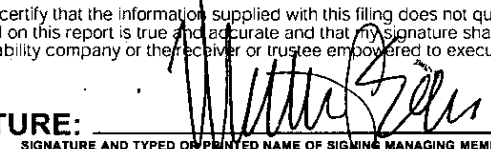
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 their receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



MATTHEW P. ELLIS

8.23.02

941 312 9705

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

Date

Daytime Phone #

CR2E083B (12/01)