


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004110
1. Entity Name
CRESCENT INN, L.C.



Principal Place of Business 108 SAND DOLLAR LANE SARASOTA, FL 34242	Mailing Address 108 SAND DOLLAR LANE SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0952910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIS, MATTHEW P
108 SAND DOLLAR LANE
SARASOTA, FL 34242

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, MATTHEW P 108 SAND DOLLAR LANE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, CATHY J 108 SAND DOLLAR LANE SARASOTA, FL 34242
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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)(f), 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 609, Florida Statutes.

SIGNATURE: *Matthew P. Ellis* **1-27-04** **441 3129705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #