

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90003 036 ****50.00

DOCUMENT # L99000004868



1. Entity Name
C.C. MINIS, L.C.

Principal Place of Business Mailing Address
**6530 WEST ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487** **6530 WEST ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0966296** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITTER, GREGORY J ESQ.
7000 WEST PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433
C.C. MINIS, L.C.

Name **Mark M. Hasner, Esquire**
Street Address (P.O. Box Number is Not Acceptable)
One S.E. 3rd Avenue, Suite 2400
City **Miami** FL Zip Code **33131**

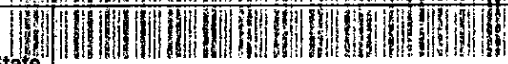
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

**6530 WEST ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487**
SIGNATURE *[Signature]* **6530 WEST ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487**

3-7-03

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 Florida Department of State
Due By May 1, 2003



9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **CRESCENT CENTER STORAGE, L.C.**
STREET ADDRESS **288 Z SMITH SUNDY ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **MGRM** Change Addition
NAME **CRESCENT CENTER STORAGE, L.C.**
STREET ADDRESS **5801 N. CONGRESS AVE.**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **MGRM** Delete
NAME **L.C. MINIS, L.C.**
STREET ADDRESS **6530 WEST ROGERS CIRCLE, SUITE 3100**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **MGRM** Delete
NAME **CRESCENT SS, L.C.**
STREET ADDRESS **4139 BURNS ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

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

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

TITLE **MGRM** Delete
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

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

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

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

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]* SIGNATURE REQUIRED

3/1/03 (561) 995-7878

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

0032642

0032642

CR2E083 (10/02)