

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 31**
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 **CRESCENT CENTER STORAGE, L.C.**
STREET ADDRESS **288 Z SMITH SUNDY ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

Date **3/1/03** Daytime Phone # **(561) 995-7878**

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CR2E083 (10/02)