FILED
Jun 18, 2002 8:00 am
Secretary of State
05-22-2002 90272 047 ****50.00

[redacted]

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009317

1. Entity Name
CRESCENT COURT LLC

Principal Place of Business
415 17TH AVENUE NORTH
ST. PETERSBURG FL 33701

Mailing Address
~~BOX 410101~~
~~KANSAS CITY MO 64141~~

2. Principal Place of Business	3. Mailing Address
350-16th AVENUE NE	BOX 3109
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.
City & State: ST. PETERSBURG FLA	City & State: ST. PETERSBURG FLA
Zip: 33704 Country: USA	Zip: 33731 Country: USA

4. FEI Number 59-3617995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~KUSTER, DARRELL~~
~~346 - 16TH AVENUE NE~~
~~ST. PETERSBURG FL 33704~~

7. Name and Address of New Registered Agent
Name: DARRELL D. KUSTER
Street Address (P.O. Box Number is Not Acceptable): 350-16th AVENUE NE
SUITE 200
City: ST. PETERSBURG FL Zip Code: 33704

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	~~KUSTER, DARRELL~~	
STREET ADDRESS	~~346 16 AVENUE NE~~	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33704~~	
TITLE	MANAGING MEMBER	☐ Delete
NAME	DARRELL KUSTER	
STREET ADDRESS	BOX 3109	
CITY-ST-ZIP	ST. PETERSBURG FLA 33731	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

CR2E083 (9/01)

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 Darrell D. Kuster 4/30/02 727-424-2542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #