

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000009317

1. Entity Name
CRESCENT COURT LLC



FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90049 034 ****50.00

Principal Place of Business
~~415 17TH AVENUE N #3~~
SAINT PETERSBURG, FL 33706 US

Mailing Address
BOX 3109
ST PETERSBURG, FL 33731 US

2. Principal Place of Business
1129 - 11th STREET N.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
St. Petersburg FL
Zip 33705 Country Pinellas

City & State
Zip Country

02192006 Chg-LLC CR2E083 (11/05)

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
415 17TH AVENUE N #3
SAINT PETERSBURG, FL 33705

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1129 - 11th STREET N.
City ST. Petersburg FL Zip Code 33705

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 *Darrell Kuster*

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUSTER, DARRELL BOX 3109 ST PETERSBURG, FL 33731	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/06

Date

727-492-4354

Daytime Phone #