FILED 2008 LIMITED LIABILITY COMPANY Apr 24, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L99000009317** 04-24-2008 90008 048 ***138.75 CRESCENT COURT LLC Principal Place of Business Mailing Address 200 2ND AVE S 409 200 2ND AVE S 409 COCHOUD SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 US US 04172008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3617995 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KUSTER, DARRELL DO NOT WRITE 200 - 2ND AVENUE S #409 SAINT PETERSBURG, FL 33701 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, hybrid or printed name of registered agant and late if applicable. (NOTE: Registered Agant signature required when reinstations) DATE		
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FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
MILE	MGRM	•
NAME .	KUSTER, DARRELL	
STREET ADDRESS	200 - 2ND AVENUE S #409	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
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TITLE		
NAME		

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 each; 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.

E MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-2008

CITY-ST-7P

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

Applied For

727-492-4359

Daytime Phone #

\$5.00 Additional

Fee Required

Not Applicable