2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003417

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

TAMPA, FL 33634

DOLENCE, GREG

KNOPKA, JAMES

TAMPA, FL 33634

() Delete

300 NORTH COMMONS BLVD

MAYFIELD VILLAGE, OH 44143

() Delete

6302 BENJAMIN ROAD, SUITE 400

FILED May 09, 2006 Secretary of State

Entity Name: THE CRESCENT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O FIRST INDUSTRIAL C/O FIRST INDUSTRIAL 6302 BENJAMIN ROAD, SUITE 400 5313 BENJAMIN ROAD, SUITE 201 TAMPA, FL 33634 TAMPA, FL 33634 **Current Mailing Address:** New Mailing Address: C/O FIRST INDUSTRIAL C/O FIRST INDUSTRIAL 6302 BENJAMIN ROAD, SUITE 400 5313 BENJAMIN ROAD, SUITE 201 TAMPA, FL 33634 TAMPA, FL 33634 FEI Number: 58-2432299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INTRASTATE REGISTERED AGENT CORPORATION 601 BRICKELL AVE, SUITE 3000 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KRUEGER, ROBERT KRUEGER, ROBERT Name: Name: 6302 BENJAMIN ROAD, SUITE 400 Address: 5313 BENJAMIN ROAD, SUITE 201 Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634 Title: VD () Delete Title: () Change () Addition MCGRATH, KEVIN Name: Name: Address: 5920 LANDERBROOK DRIVE Address: City-St-Zip: MAYFIELD HTS, OH 44124 City-St-Zip: Title: STD () Delete Title: STD (X) Change () Addition CALLAHAN, DEE CALLAHAN, DEE Name: Name: 6302 BENJAMIN ROAD, SUITE 400 5313 BENJAMIN ROAD, SUITE 201 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

TAMPA, FL 33634

KNOPKA, JAMES

TAMPA, FL 33634

() Change () Addition

(X) Change () Addition

5313 BENJAMIN ROAD, SUITE 201

SIGNATURE: ROBERT KRUEGER PD 05/09/2006