2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070314 CRESCENT PROPERTIES, INC.					Secretary of State 05-09-2002 90043 009 ***150.00			
Principal Place of Business 1025 S SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792-5524 US 2. Principal Place of Business 2611 HEADY CT Suite, Apt. #, etc. Mailing Address Winter PARK FL 32792-5524 US 3. Mailing Address 2611 HEADY CT Suite, Apt. #, etc.				T.	DO NOT WRITE IN THIS SPACE			
City & State ORLANDO, FL. ORLANDO			o, FL.		FEI Number 59-320198	44	Applied For Not Applicable	
32817-2716 ORANGE-US 32817-2716			Country US	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Ro	egistered Agent		7.	Name and Address of New	Registered Agent		
1025 S SEMORAN BLVD. SUITE 1093				PiTL(ddress (P.O. F	ress (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32792-5524				RLAND		FL 3989	97 27//	
8. The above	e named entity submits this statement for the	ne purpose of changing its re	egistered office o	r registered ag	ent or both in the State of F	Florida	7-27/6	
SIGNATURE	Signature, typed or printed name of registered agent and	Stholer	Registered Agent signal		CAR	L 23, 2	002	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550. Make Check Payable to Department of				550.00				
11.	OFFICERS AND DI	· · · · · · · · · · · · · · · · · · ·	12.		DITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITHALER, VICTOR L 1025 S SEMORAN BLVD. STE 1090 WINTER PARK FL 32792-5524	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	58:THI 2611 ORLAN	HEADY CT.	L L. Change 17-1716	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· •• ••••••	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			- Change -	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	``	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the corp	ertify that the information supplied with this on this report or supplemental report is trui oration or the receiver or trustee empower or on an attachment with an address, with	ed to execute this report as	e exemption state signature shall ha required by Char	ed in Section 1 we the same le oter 607, Florid	19.07(3)(i), Florida Statutes. gal effect as if made under a Statutes; and that my nam	I further certify that the ir oath; that I am an officer e appears in Block 11 or	nformation or director Block 12 if	

SIGNATURE: 6

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Thati Vierse) L SPITHINGE