
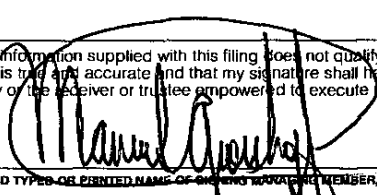


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90118 019 \*\*\*\*50.00

<b>DOCUMENT # L03000035604</b>					
1. Entity Name KRYSTAL CITY, LLC					
Principal Place of Business 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019			Mailing Address 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019		
2. Principal Place of Business 18851 N.E. 29 <sup>th</sup> AVE		3. Mailing Address 18851 N.E. 29 <sup>th</sup> AVE.			
Suite, Apt. #, etc. 722		Suite, Apt. #, etc. 722			
City & State AVENTURA, FLA.		City & State AVENTURA, FLA.		4. FEI Number 20-0273019	
Zip 33180	Country U.S.A.	Zip 33180	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROUSSO, MARK E ESQ 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSKOPF, MANUEL 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 <sup>th</sup> AVE., #722 AVENTURA, FLA 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISCHER, WALTER 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 <sup>th</sup> AVE., #722 AVENTURA, FLA 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTOLONGO, DAISY M 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 <sup>th</sup> AVE., #722 AVENTURA, FLA 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 AND TYPED OR PRINTED NAME OF CURRENT REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #