

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046078

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: CRISTALEX L.L.C.

**Current Principal Place of Business:**

235 SUNRISE AVENUE  
SUITE E-21  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

235 SUNRISE AVENUE  
SUITE C21  
PALM BEACH, FL 33480 US

**Current Mailing Address:**

235 SUNRISE AVENUE  
SUITE E-21  
PALM BEACH, FL 33480 US

**New Mailing Address:**

235 SUNRISE AVENUE  
SUITE C-21  
PALM BEACH, FL 33480 US

FEI Number: 20-1263138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMART RESOLUTION, INC.  
10400 CAMELBACK LANE  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BREVER, MARYLIN  
Address: 6893 SEA DAISY DRIVE  
City-St-Zip: LANTANA, FL 33462 US

Title: MGRM ( ) Delete  
Name: KARAGIANIS, NICOLAS  
Address: 6893 SEA DAISY DRIVE  
City-St-Zip: LANTANA, FL 33462 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BREVER MARYLIN

MGRM

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date