

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083490

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: CRYSTAL MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

8302 SHADOW PINE WAY  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 772515  
CORAL SPRINGS, FL 330772515 US

**New Mailing Address:**

FEI Number: 84-1689853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELLMAN, MARK S  
8302 SHADOW PINE WAY  
SARASOTA, FL 34238 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ICON, JOSEPH  
Address: 10062 VESTAL PLACE  
City-St-Zip: CORAL SPRINGS, FL 330715828 US

Title: MGRM ( ) Delete  
Name: ICON, KATHY T  
Address: 10062 VESTAL PLACE  
City-St-Zip: CORAL SPRINGS, FL 330715828 US

Title: MGRM ( ) Delete  
Name: HELLMAN, MARK S  
Address: 8302 SHADOW PINE WAY  
City-St-Zip: SARASOTA, FL 34238 US

Title: MGRM ( ) Delete  
Name: HELLMAN, MINDY  
Address: 8302 SHADOW PINE WAY  
City-St-Zip: SARASOTA, FL 34238 US

**ADDITIONS/CHANGES:**

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

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

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 Chapter 119, 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: JOSEPH ICON

MGRM

01/06/2007

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