


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90065 014 ****50.00

DOCUMENT # L02000025512

1. Entity Name
OPP CRUNCH, LLC



Principal Place of Business
19055 NW 23RD CT
PEMBROKE PINES, FL 33029 US


Mailing Address
19055 NW 23RD CT
PEMBROKE PINES, FL 33029 US

2. Principal Place of Business
19055 NW 23 Court
 Suite, Apt. #, etc.
Pembroke Pines, FL

3. Mailing Address
(SAME)
 Suite, Apt. #, etc.

City & State
33029 USA

City & State
33029 USA



06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0806309

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FONAROV, ILYA
19055 NW 23RD CCT
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name
DAVID A. LINDLEY, D.O.

Street Address (P.O. Box Number is Not Acceptable)
19055 NW 23 Court

City **Pembroke Pines** FL Zip Code **33029**

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 *David A. Lindley, D.O.* **DAVID A. LINDLEY, D.O.** **6/28/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDLEY, DAVID A 6510 MAIN STREET #11-103 MIAMI LAKES, FL 33014 <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	MGRM FONAROV, ILYA 730 NW 105 TERRACE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONAROV, ILYA 12955 SW 43 Court Miramar, FL 33027 <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
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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: *David A. Lindley, D.O.* **6/28/05** **454-437-2035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #