


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90122 029 ****50.00

DOCUMENT # L02000025512

1. Entity Name
OPP CRUNCH, LLC




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 12955 SW 43RD COURT 12955 SW 43RD COURT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIRAMAR FL MIRAMAR FL
 Zip Country Zip Country
 33027 USA 33027 USA

60055164



08122007 Chg-LLC CR2E083 (12/06)

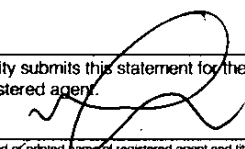
6. Name and Address of Current Registered Agent
 LINDLEY, DAVID A DO
 19055 NW 23RD CCT
 PEMBROKE PINES, FL 33029

4. FEI Number Applied For
 55-0806309 Not Applicable

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

7. Name and Address of New Registered Agent
 Name ILYA FONAROV
 Street Address (P.O. Box Number is Not Acceptable)
 12955 SW 43RD COURT
 City MIRAMAR FL Zip Code 33027

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:  ILYA FONAROV DATE: 8/12/07

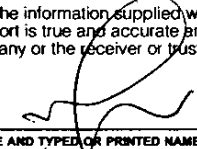
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

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 19055 NW 23RD CT HOLLYWOOD, FL 33029 <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 12955 SW 43 COURT MIRAMAR, FL 33027 <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 exemptions contained in Chapter 119, 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:  ILYA FONAROV DATE: 8/12/07 Daytime Phone #: 954-292-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE