2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014001

1. Entity Name
CRYSTAL LAKE PROJECT LLC

Principal Place of Business	Mailing Address
782 NW 42ND AVENUE SUITE 342 MIAMI, FL 33126	782 NW 42ND AVENUE SUITE 342 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

04282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1054439
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONTRERAS, GILBERT A ESQ.
255 ALHAMBRA CIRCLE, #425
CORAL GABLES, FL 33134

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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
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 May 1, 2004

U00000144662
04/30/04-80141-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RIVERO, ARMANDO
STREET ADDRESS	782 NW 42ND AVENUE, SUITE 342
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	PAREDES, JOSE NICOLAS
STREET ADDRESS	782 NW 42ND AVENUE, SUITE 342
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-28-04 305 445-9076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #