


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014001 1. Entity Name CRYSTAL LAKE PROJECT LLC	
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Principal Place of Business
782 NW 42ND AVENUE
SUITE 342
MIAMI, FL 33136

Mailing Address
782 NW 42ND AVENUE
SUITE 342
MIAMI, FL 33126



05102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054439	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERO, ARMANDO 782 NW 42ND AVENUE, SUITE 342 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAREDES, JOSE NICOLAS 782 NW 42ND AVENUE, SUITE 342 MIAMI, FL 33126
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L000000265158
06/08/05-80002-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

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

Date _____

Daytime Phone # _____