

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90131 032 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003539
 1. Entity Name
 CRISTELLE GAY DEVELOPMENT COMPANY, LLC

Principal Place of Business Mailing Address
 1430 SOUTH OCEAN BOULEVARD 1430 SOUTH OCEAN BOULEVARD
 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Lauderdale-by-the-Sea, FL Lauderdale-by-the-Sea, FL
 Zip Country Zip Country
 33062 33062

4. FEL Number Applied For
 25-1086921 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GILMAN, DAVID
 1430 SOUTH OCEAN BOULEVARD
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cristelle Sea Corporation, <input type="checkbox"/> Delete Member DAVID D. Gilman, Pres. 1430 S. Ocean Blvd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lauderdale-by-the-Sea, <input type="checkbox"/> Delete FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Gilman, Pres 4/23/02 954.941-4300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)