2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# L01000007043

Entity Name: CRYSTAL ADVISORS, LLC

Current Principal Place of Business:

701 BRICKELL AVE.
SUITE 1400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O HARPER MEYER PEREZ FERRER & HAGEN
701 BRICKELL AVE SUITE 1400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1117355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
701 BRICKELL AVE.
SUITE 1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BROD, STEVEN	
Address:	1111 KANE CONCOURSE, STE 514	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	MCEO	( ) Delete
Name:	GUENOUN, DAVID	
Address:	1111 KANE CONCOURSE, STE 514	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	HIR	( ) Delete
Name:	STORM, MATTHEW	
Address:	1111 KANE CONCOURSE, STE 514	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	CFO	( ) Delete
Name:	FITZPATRICK, MARK	
Address:	1111 KANE CONCOURSE, STE 514	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	CCO	( ) Delete
Name:	FITZPATRICK, MARK	
Address:	1111 KANE CONCOURSE, STE 514	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	CTO	( ) Delete
Name:	GORIN, SALOMON	
Address:	1111 KANE CONCOURSE, STE 514	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DTIR	(X) Change ( ) Addition
Name:	STORM, MATTHEW	
Address:	1111 KANE CONCOURSE, STE 514	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN BROD MGR 03/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date