

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 MAR 25 PM 12:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



03222004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L01000008189</b> 1. Entity Name <b>CREST TRADE &amp; COMMERCE LLC</b>					
Principal Place of Business <b>1333 NORTH DUVAL ST. TALLAHASSEE, FL 32302</b>			Mailing Address <b>1333 NORTH DUVAL ST. TALLAHASSEE, FL 32302</b>		
2. Principal Place of Business <b>Mendelsonstrasse 37</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Frankfurt Am Main</b>		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>60325</b>		Country <b>Germany</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FLORIDA FILING &amp; SEARCH SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE, FL 32302</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FISCHER, PETER MENDELSSOHN STR 37 FRANKFURT AM MAIN, GR D-6035</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300032084253 04/07/04--01015--003 **1200.00</b>	
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	
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	
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	
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 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.					
<b>SIGNATURE:</b>			<b>Janet M. Caruccio</b> Auth. Rep.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>3-22-04</b>		Daytime Phone # <b>302-421-5750</b>