


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90065 014 \*\*\*\*50.00

<b>DOCUMENT # L02000025512</b>		
1. Entity Name <b>OPP CRUNCH, LLC</b>		

Principal Place of Business <b>19055 NW 23RD CT PEMBROKE PINES, FL 33029 US</b>	Mailing Address <b>19055 NW 23RD CT PEMBROKE PINES, FL 33029 US</b>
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2. Principal Place of Business <b>19055 NW 23rd Ct Suite, Apt. #, etc. Pembroke Pines, FL</b>	3. Mailing Address <b>(SAME)</b> Suite, Apt. #, etc.
City & State <b>33029 USA</b>	City & State <b>USA</b>
Zip <b>33029</b>	Country <b>USA</b>



06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>55-0806309</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FONAROV, ILYA 19055 NW 23RD CCT PEMBROKE PINES, FL 33029</b>	7. Name and Address of New Registered Agent Name <b>DAVID A. LINDLEY, D.O.</b> Street Address (P.O. Box Number is Not Acceptable) <b>19055 NW 23rd Ct</b> City <b>Pembroke Pines</b> FL Zip Code <b>33029</b>
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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 <b>David A. Lindley, D.O.</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DAVID A. LINDLEY, D.O.</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>6/28/05</b>

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDLEY, DAVID A 6510 MAIN STREET #11-103 MIAMI LAKES, FL 33014 <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	MGRM FONAROV, ILYA 730 NW 105 TERRACE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONAROV, ILYA 12955 SW 43rd Ct Miramar, FL 33027 <input checked="" 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
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.

SIGNATURE: <b>David A. Lindley, D.O.</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <b>6/28/05</b> Date	TELEPHONE <b>454-437-2035</b> Daytime Phone #
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