
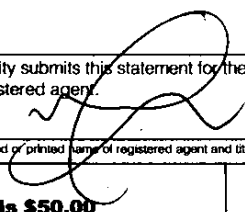
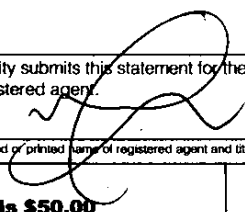
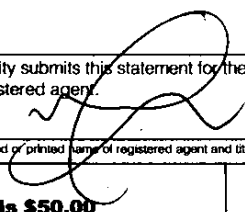
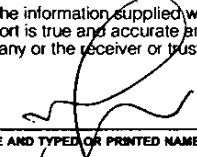


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90122 029 \*\*\*\*50.00

<b>DOCUMENT # L02000025512</b>													
<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>2. Principal Place of Business - No P.O. Box #</b> 12955 SW 43RD COURT		<b>3. Mailing Address</b> 12955 SW 43RD COURT											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08122007 Chg-LLC CR2E083 (12/06)									
<b>City &amp; State</b> MIRAMAR FL		<b>City &amp; State</b> MIRAMAR FL		<b>4. FEI Number</b> 55-0806309									
<b>Zip</b> 33027		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  LINDLEY, DAVID A DO 19055 NW 23RD CCT PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> <b>Name</b>                  ILYA FONAROV             </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>Street Address (P.O. Box Number is Not Acceptable)</b>                  12955 SW 43RD COURT             </td> </tr> <tr> <td style="padding: 5px;"> <b>City</b>                  MIRAMAR             </td> <td style="padding: 5px;"> <b>FL</b> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>Zip Code</b>                  33027             </td> </tr> </table>			<b>Name</b> ILYA FONAROV		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 12955 SW 43RD COURT		<b>City</b> MIRAMAR	<b>FL</b>	<b>Zip Code</b> 33027	
<b>Name</b> ILYA FONAROV													
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 12955 SW 43RD COURT													
<b>City</b> MIRAMAR	<b>FL</b>												
<b>Zip Code</b> 33027													
<b>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.</b> <table style="width:100%;"> <tr> <td style="width:30%; padding: 5px;"> <b>SIGNATURE</b>   </td> <td style="width:40%; padding: 5px;">                 ILYA FONAROV             </td> <td style="width:30%; padding: 5px;">                 8/12/07             </td> </tr> </table>						<b>SIGNATURE</b> 	ILYA FONAROV	8/12/07					
<b>SIGNATURE</b> 	ILYA FONAROV	8/12/07											
(NOTE: Registered Agent signature required when reinstating)													
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>									
<b>TITLE</b> MGRM	<b>NAME</b> LINDLEY, DAVID A			<input type="checkbox"/> Delete									
<b>STREET ADDRESS</b> 19055 NW 23RD CT													
<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33029													
<b>TITLE</b> MGRM	<b>NAME</b> FONAROV, ILYA			<input type="checkbox"/> Delete									
<b>STREET ADDRESS</b> 12955 SW 43 COURT													
<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027													
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>													
<b>SIGNATURE:</b>  ILYA FONAROV				8/12/07 934-292-9483									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #									