

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028555

1. Entity Name
ATOCHA/MARGARITA EXPEDITION - 2003, LLC



Principal Place of Business

200 GREENE STREET
KEY WEST, FL 33040

Mailing Address

200 GREENE STREET
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
06-1663971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

CRYSTALS RECOVERY, INC.
200 GREENE STREET
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CRYSTALS RECOVERY, INC.
200 GREENE STREET
KEY WEST, FL 33040

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/04 305-296-16533
Date Daytime Phone #