


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004131

DOCUMENT # L02000032860 1. Entity Name CRYSTAL LAKE PARTNERS, LLC	
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FILED

2003 NOV 10 PM 4:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business 8211 WEST BROWARD BLVD., STE. 120 FORT LAUDERDALE FL 33324	Mailing Address 8211 WEST BROWARD BLVD., STE. 120 FORT LAUDERDALE FL 33324
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2. Principal Place of Business 2001 W Sample Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4447 Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State Deerfield Fl	City & State Fort Lauderdale Fl	4. FEI Number 061665542	Applied For <input type="checkbox"/> Not Applicable
Zip 33064	Country USA	Zip 33338	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SANTOLLA, STEVEN 8211 WEST BROWARD BLVD., STE. 120 FORT LAUDERDALE FL 33324 do Borge Realty Corp 4300 N. University Dr. C202 Lauderhill FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4300 N. University Dr C202 City Lauderhill FL Zip Code 33351
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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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 10/31/03 <small>DATE</small>

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME SANTOLLA, STEVEN	
STREET ADDRESS 8211 WEST BROWARD BLVD., STE. 120	
CITY-ST-ZIP FORT LAUDERDALE FL 33324	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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  SIGNATURE REQUIRED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 9/20/03 <small>DATE</small>
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CR2E083 (4/03)