2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/14/2006-90123-017-$55.00-$55.00
8

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:07

DOCUMENT # L03000001278

1. Entity Name
CRISTHEL ENTERPRISES, L.L.C.

Principal Place of Business
555 CRANDON BOULEVARD APT. 44
KEY BISCAYNE FL 33149

Mailing Address
555 CRANDON BOULEVARD APT. 44
KEY BISCAYNE FL 33149

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
101 Crandon Boulevard	101 Crandon Boulevard
Suite, Apt. #, etc. 177	Suite, Apt. #, etc. 177
City & State Key Biscayne, Fl	City & State Key Biscayne, Fl
Zip 33149 Country USA	Zip 33149 Country USA

4. FEI Number 25-1002091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUESADA, G. FRANK 1313 PONCE DE LEON BLVD STE. 200 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM TELLEZ, GUSTAVO 555 CRANDON BLVD., #44 KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM FANDINO, LILIA CRISTINA 555 CRANDON BLVD., #44 KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Lilia Cristina Fandiño August 6/06 7866631783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #