

**2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 26 AM 10:57

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| DOCUMENT # L03000009379 | |  | |
| 1. Entity Name CRYSTAL PINELLAS, LLC | | | |
| Principal Place of Business 9301 - 40TH STREET NORTH PINELLAS PARK, FL 33782 US | | Mailing Address 505 N. HIGHWAY 101 SUITE A SOLANA BEACH, CA 92075 US | |
| 2. Principal Place of Business 5938 Priestly Drive Suite, Apt. #, etc. Suite 102 City & State Carlsbad, CA Zip 92008 Country USA | | 3. Mailing Address 5938 Priestly Drive Suite, Apt. #, etc. Suite 102 City & State Carlsbad, CA Zip 92008 Country USA | |
| 09152005 | | Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 65-1179275 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FERRARO, NICHOLAS J 343 - 39TH AVENUE, NORTH ST. PETERSBURG, FL 33703 | | 7. Name and Address of New Registered Agent Name --Ferraro, Nicholas J Street Address (P.O. Box Number is Not Acceptable) 6030 Ulmerton Road City Clearwater FL Zip Code 33760 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Amended AR is \$50.00 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DUTRA, TIMOTHY J 505 N. HIGHWAY 101, SUITE A SOLANA BEACH, CA 92075 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Dutra, Timothy J 5938 Priestly Drive, Suite 102 Carlsbad, CA 92008 <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 |
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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: <u>Tim J. Dutra</u> | | Date: 09-20-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone #: 760-438-3480 | |