2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-03-2004 90130 048 ****50.00

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1. Entity Name
CRYSTAL PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
11332 MINARET DRIVE TAMPA, FL 33626	298 S. SAN ANTONIO OAD, SUITE 300 MOUNTAIN VIEW, CA 94040

04052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2730 Shriver Dr.		298 S. San Antonio Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300	
City & State: Fort Myers, FL		City & State: Mountain View, CA	
Zip: 33901	Country: USA	Zip: 94040	Country: USA

4. FEI Number: 56-2373820 ☐ 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
KHALIFE, SAMIR 11332 MINARET DRIVE TAMPA, FL 33626	Name: Jarvis, William S. Street Address (P.O. Box Number is Not Acceptable): 2730 Shriver Dr. City: Fort Myers FL Zip Code: 33901

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 4/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manger William S. Jarvis 2730 Shriver Dr. Fort Myers, FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager William S. Jarvis 2730 Shriver Dr. Fort Myers, FL 33901	☐ 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
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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 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: ____________ 4/29/04 650-329-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #