

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005109

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THE CRYSTAL GROUP, LLC

**Current Principal Place of Business:**

6094 OAK BLUFF WAY  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

216 TOWNSEND DRIVE  
CLAYTON, NC 27527

**New Mailing Address:**

FEI Number: 20-0820334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, DANIEL J  
6094 OAK BLUFF WAY  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PTS ( ) Delete  
Name: CHAKALIAN, ARA  
Address: 11 CORNWALL COURT  
City-St-Zip: KATONAH, NY 10536

Title: CEO ( ) Delete  
Name: COHEN, DANIEL J  
Address: 6094 OAK BLUFF WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete  
Name: KRAUS, ANDREW J  
Address: 22 HEATHER LANE  
City-St-Zip: NEW HYDE PARK, NY 11040

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL J COHEN

CEO

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date