

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90085 006 ****50.00



DOCUMENT # L04000048790
 1. Entity Name
CRYSTAL NC ONE, LLC

Principal Place of Business Mailing Address
 2145 INDIAN ROAD 2145 INDIAN ROAD
 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409

2. Principal Place of Business 3. Mailing Address
 11888 OKEECHOBEE Blvd. Suite, Apt. #, etc.
 Suite, Apt. #, etc. *Same as Principal Place of Business*

City & State City & State
 Royal Palm Beach, Fl. *AS PLACE OF BUSINESS*
 Zip Country Zip Country
 33411 Palm Bch

1st MOORE CR2E083 (10/04)

4. FEI Number Applied For
 20-1304478 Not Applicable

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

6. Name and Address of Current Registered Agent
 TASSELL, DAVID C
 941 N. A1A
 JUPITER FL 33477

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MCALLISTER, WILLIAM S	2145 INDIAN ROAD	WEST PALM BEACH FL 33409	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		11888 OKEECHOBEE BLVD.	Royal Palm Beach, Fl. 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *William S. McAllister* *William S. McAllister* 1-19-05 561-791-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #