2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 18, 2005 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # L04000055551 1. Entity Name CRYSTAL CHICK LLC						T y UI Sta 0108 039 ****50.0		
Principal Place of Business		Mailing Address ONE SOUTH OCEAN BLVD,						
ONE SOUTH OCEAN BLVD. 320		320						
BOCA RATON, FL 33432 US		BOCA RATON, FL 33432 US						
2. Principal Place of Business		3. Mailing Address			[8]]] [8]]] [8]]] [8]]] [8]]]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Number	44.307		oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	S5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Ro	 :		
		Name	77 1100 474					
BUSCEMI, THERESA ONE SOUTH OCEAN BLVD.		Street Address		(P.O. Box Number is Not Acceptable)				
320 BOCA RA	TON, FL 33432							
			City			FL Zip Cod		
	named entity submits this statement for	or the purpose of changing its r	egistered office or regis	tered agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept	
in io obligat	The state of the s	I Man / TUF	DERALA.	comai !	Procider	14 1/1/2	3/15	
į.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	/ <u>KGO/UF/L</u>	DATE	700	
Fil	Agnature, typed or printed name of registered agent ling Fee is \$50.00 by September 7, 2005	and title if applicable. (NOTE:	Registered Agent signature regul	Red when reinstating)		DATE c check payable to Department of State	e	
Fil	ling Fee is \$50.00		Registered Agent signature requi	red when reinstating)		e check payable to Department of Stat	e	
9. TITLE NAME STREET ADDRESS	Ing Fee is \$50.00 by September 7, 2005 MANAGING MEMBI PRES BUSCEMI, THERESA A ONE SOUTH OCEAN BLVD.			Wed when reinstating)	Florida	e check payable to Department of Stat	e Addition	
9. TITLE NAME	ling Fee is \$50.00 by September 7, 2005 MANAGING MEMBI PRES BUSCEMI, THERESA A	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS	Vied when reinstating)	Florida	e check payable to Department of Stat		
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11. I hereby certify that the information supplied with this filling 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: Thereseld Buscome (THERES) A. Tous Cem.) 7/13/5 56/2393-6001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despute Priors &