

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

DOCUMENT # L05000044978

1. Entity Name
CC LAKE CRYSTAL REALTY II, LLC



05-07-2007 90619 001 ****50.00
05-07-2007 90619 002 ****50.00

Principal Place of Business
**6340 SUNSET DR
MIAMI, FL 33143**

Mailing Address
**6340 SUNSET DR
MIAMI, FL 33143**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3074651

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LESTER, PAUL A
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FIELDSTONE, RONALD R
201 ALHAMBRA CIR # 601
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR.
Tomas Cabrero
6340 Sunset Drive
Miami, FL 33143** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR.
Maurice Cayon
3857 W. 10 Ave, 2nd Fl.
Hialeah, FL 33012** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] **TOMAS CABRERO, MGR** 04/20/07 305 779 8004

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ATTACHMENT

3000717A



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Suite, Apt. #, etc.

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CITY-ST-ZIP
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FIELDSTONE, RONALD R
201 ALHAMBRA CIR # 601
CORAL GABLES, FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Cabrenza, Tomas
6340 Sunset Drive
Miami, FL 33143 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Cayon, Maurice
3857 W. 16th Ave, 2nd Flr.
Hialeah, FL 33012 ☐ Change ☒ Addition

TITLE
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Date

Daytime Phone #

TOMAS CABRENZA, MGR.

04/17/07 305-779-8054