## -2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 07, 2007 8:00 am **Secretary of State DOCUMENT # L05000044978** 05-07-2007 90619 001 \*\*\*\*50.00 CC LAKE CRYSTAL REALTY II, LLC 05-07-2007 90619 002 \*\*\*\*50.00 Principal Place of Business Mailing Address 6340 SUNSET DR 6340 SUNSET DR MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-3074651 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LESTER, PAUL A Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 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 reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MAR. TITLE Delete ☐ Change Addition MAIN FIELDSTONE, RONALD R NAME Tonas Cabrerico · STREET ADDRESS 201 ALHAMBRA CIR # 601 STREET ADDRESS 10340-SUBSETDEIVE C-TY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Miumr, F1 33143 THILE Addition Delete TITLE MSL. NAME Maurice Cayon. NAME 3857 W 10 We, 2nd fle. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TATLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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11. Thereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CHY-SI-7P

04/21/07 3W 779 Kovx HUMASCABRERIZO MER SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2007 LIMITED LIABILITY COMPANY

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City & State				City & State				4. FEI Numbe 20-3074			<u> </u>	plied For t Applicable
Zip	Zip Country			Zip Countr			5. Certificate of Status Desired   \$5.00 Additional Fee Required					
6. Name and Address of Current I				tered Agent				7. Name and	Address of New R	egistered .	Agent	
						Name						
LESTER, PAUL A 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134						Street Ac	ddress (F	P.O. Box Numbe	er is Not Acceptable	)		
						City				FL	Zip Code	9
	named entity		ment for the p	ourpose of changing its	registere	d office or	register	ed agent, or bot	h, in the State of Flo		familiar with,	and accept
are obligati	oris or registe	ered agent.										
SIGNATURE .	Signature, typed	or printed name of register	ed agent and title	if applicable. (NOTE	: Registered	Agent signalu	re required	when reinstating)		DATE		<del></del>
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