## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083490

Entity Name: CRYSTAL MANAGEMENT GROUP, LLC

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8302 SHADOW PINE WAY SARASOTA, FL 34238 US

Current Mailing Address: New Mailing Address:

8302 SHADOW PINE WAY PO BOX 772515

SARASOTA, FL 34238 US CORAL SPRINGS, FL 330772515 US

FEI Number: 84-1689853 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KAKLIS, V. WILLIAM ESQ.

1400 4TH AVENUE WEST

BRADENTON, FL 34205 US

HELLMAN, MARK S

8302 SHADOW PINE WAY

SARASOTA, FL 34238 US

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: MARK S. HELLMAN 03/23/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Fitle: MGRM () Delete Title: MGRM (X) Change () Addition

Name: ICON, JOSEPH Name: ICON, JOSEPH Address: 10062 VESTAL PLACE Address: 10062 VESTAL PLACE

City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: CORAL SPRINGS, FL 330715828 US

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 ICON, KATHY T
 Name:
 ICON, KATHY T

 Address:
 10062 VESTAL PLACE
 Address:
 10062 VESTAL PLACE

City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: CORAL SPRINGS, FL 330715828 US

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HELLMAN, MARK S
 Name:

 Address:
 8302 SHADOW PINE WAY
 Address:

 City-St-Zip:
 SARASOTA, FL 34238 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HELLMAN, MINDY
 Name:

 Address:
 8302 SHADOW PINE WAY
 Address:

 City-St-Zip:
 SARASOTA, FL 34238 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH ICON MGRM 03/23/2006