

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 03, 2006 8:00 am
Secretary of State

01-27-2006 90072 013 ****50.00

30004017

DOCUMENT # L05000096525

1. Entity Name
CRISTALL, LLC



Principal Place of Business
36 NE 1ST STREET - SUITE 942
MIAMI, FL 33132

Mailing Address
36 NE 1ST STREET - SUITE 942
MIAMI, FL 33132

2. Principal Place of Business
36 NE 1ST STREET

3. Mailing Address
36 NE 1ST STREET


Suite, Apt. #, etc.
#942

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33132

Country
U.S.A



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-358 9606

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUDARSKY, ALAN
36 NE 1ST STREET - SUITE 942
MIAMI, FL 33132

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

Filing Fee is \$58.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUDARSKY, ALAN 36 NE 1ST STREET - SUITE 942 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUDARSKY, HARRY 36 NE 1ST STREET - SUITE 942 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUDARSKY, JACKY 36 NE 1ST STREET - SUITE 942 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEHEBAR, ALBERTO 36 NE 1ST STREET - SUITE 942 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEHEBAR, ROBERT 36 NE 1ST STREET - SUITE 942 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **01/11/06** **305-3737307**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #