

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023743

FILED  
Aug 22, 2008  
Secretary of State

**Entity Name:** CRYSTAL INVESTMENT GROUP LLC

**Current Principal Place of Business:**

419 LARGOVISTA DRIVE  
OAKLAND, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

419 LARGOVISTA DRIVE  
OAKLAND, FL 34787

**New Mailing Address:**

FEI Number: 20-4480121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MOHAN, LAYKRAM  
419 LARGOVISTA DRIVE  
OAKLAND, FL 34787      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOHAN, LAYKRAM  
Address: 419 LARGOVISTA DRIVE  
City-St-Zip: OAKLAND, FL 34787

Title: MGRM ( ) Delete  
Name: MOHAN, SURUINAUTH G  
Address: 107-60 114 ST  
City-St-Zip: RICHMOND HILL, NY 11419

Title: MGRM ( ) Delete  
Name: JAIPARGAS, LILOWTIE  
Address: 419 LARGOVISTA DRIVE  
City-St-Zip: OAKLAND, FL 34787

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAYKRAM MOHAN

MGR

08/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date