

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023743

FILED  
Apr 16, 2009  
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 ( )

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

MOHAN, LAYKRAM  
419 LARGOVISTA DRIVE  
OAKLAND, FL 34787 US

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

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

04/16/2009

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