# 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### Mar 22, 2007 8:00 am **Secretary of State** 03-22-2007 90177 017 \*\*\*\*50.00 **DOCUMENT # L06000046279** MEDEROS CRYSTAL LAKE CONDOS INVESTORS, LLC 6002100-Mailing Address Principal Place of Business 5835 BLUE LAGOON DRIVE, SUITE 302 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E083 (12/06) Chg-LLC City & State City & State L Applied For 4. FEI Number 20-482779 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALOYRA, JOSE L ESQ. Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27TH AVENUE, SUITE 300 MIAMI, FL 33133 City Zip Code FL 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 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MOR CONSULTANTS L'Change MGR TITLE TITLE MEDEROS, JORGE C NAME 5835 BLUE LAGOON DRIVE #302 NAME 5835 BLUE LAGOON DRIVE, SUITE 302 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 a simited fiability company or the receive urate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR

CITY-ST-7IP

NAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003 11742-9003 HOLTSVILLE NY

#L06000046279

Date of this notice: 05-12-2006

Employer Identification Number: 20-4827791

Form: SS-4

Number of this notice: CP 575 D

MEDEROS CRYSTAL LAKE CONDOS JORGE C MEDEROS MBR 5835 BLUE LAGOON DRIVE SUITE 302 MIAMI FL 33126

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-4827791. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

## Form 1065

#### 04/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536 Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

11206

ATTACHMENT

575D (IRS USE ONLY)

05-12-2006 MEDE B 1912001337 SS-4

1206

Keep this part for your records.

CP 575 D (Rev. 1-2006)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 D

1912001337

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-12-2006

( ) - EMPLOYER IDENTIFICATION NUMBER: 20-4827791

FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-90 11742-9003 Laddard Inchilological Continue Continu

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