


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90036 011 \*\*\*138.75

<b>DOCUMENT # L06000046280</b>					
1. Entity Name MEDEROS CRYSTAL LAKE CONDOS, LLC					
Principal Place of Business 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126			Mailing Address 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BALOYRA, JOSE L ESQ. 2950 SW 27TH AVENUE, SUITE 300 MIAMI, FL 33133				Name <i>Baloyra, Jose</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>5835 Blue Lagoon Dr. Sk. 302</i>	
				City <i>Miami</i>	FL Zip Code <i>33126</i>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONVERSION CONSULTANT 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <i>Jose Mederos</i>			Date: <i>4/14/08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

60029716



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-4827753

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

7. Name and Address of New Registered Agent  
 Name: *Baloyra, Jose*  
 Street Address: *5835 Blue Lagoon Dr. Sk. 302*  
 City: *Miami* FL Zip Code: *33126*

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
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