

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000060652**

1. Entity Name  
CRYSTAL CASINO PARTIES, LLC



Principal Place of Business  
3786 PALACE DRIVE  
PALM HARBOR, FL 34684

Mailing Address  
3786 PALACE DRIVE  
PALM HARBOR, FL 34684



01282008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5119240

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MONDELLO, ALFRED A  
3786 PALACE DRIVE  
PALM HARBOR, FL 34684

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

1/28/08  
DATE

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

U00000920324  
05/14/08-80039-013 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MODELLO, ALFRED A  
3786 PALACE DRIVE  
PALM HARBOR, FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1/28/08 727-785-1245  
Date Daytime Phone #