


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 11 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000086934 1. Entity Name CRYSTAL PIE, LLC					
Principal Place of Business 1103 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34429 US			Mailing Address 1135 S. PASADENA AVE 327A ST. PETERSBURG, FL 33707 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2220 34th St S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Petersburg FL			
Zip	Country	Zip 33711	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BERTRAND, LISA M 2807 KIPPS COLONY DR ST. PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODY, DAVID E 4021 W. COMANCHE ST TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103528513 05/30/07--01032--004 **250.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULA, ARTHUR L IV 5408 FERN DR WEEKI WACHEE, FL 34607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERPIE, INC 1135 S. PASADENA AVE STE 327A ST. PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

5/18/07