


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000116330 1. Entity Name BEN H. CRISTAL, P.L. |  |
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|--|--|
| Principal Place of Business 205 E. DAVIS BLVD. TAMPA, FL 33606 | Mailing Address 205 E. DAVIS BLVD. TAMPA, FL 33606 |
|--|--|

DO NOT WRITE IN THIS SPACE



01092008No Chg-LLC

CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 20-5988691 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent CRISTAL, BEN H 205 E. DAVIS BLVD. TAMPA, FL 33606 | DO NOT WRITE IN THIS SPACE |
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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 _____

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

000000781031
01/15/08-80019-002 150.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CRISTAL, BEN H 205 E. DAVIS BLVD. TAMPA, FL 33606 |
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**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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____