2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000014622

Address:

City-St-Zip:

216 TOWNSEND DRIVE

CLAYTON, NC 27527

FILED Oct 30, 2009 Secretary of State

Entity Name: THE CRYSTAL GROUP, INSTALLATIONS, LLC

Current Principal Place of Business: New Principal Place of Business: 6094 OAK BLUFF WAY 480 SE EVERGREEN TERRACE LAKE WORTH, FL 33467 PORT ST LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** 216 TOWNSEND DRIVE CLAYTON, NC 27527 FEI Number: 35-2351228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, DANIEL J 6094 OAK BLUFF WAY LAKE WORTH, FL 33467 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KRAUS, ANDREW J Name: Name: 216 TOWNSEND DRIVE Address: Address: City-St-Zip: CLAYTON, NC 27527 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CHAKALIAN, ARA Name: Address: 216 TOWNSEND DRIVE Address: City-St-Zip: CLATON, NC 27527 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition WANTROBA, ALAN Name: GAVITT, RANDY Name: 6094 OAK BLUFF WAY 480 SE EVERGREEN TERRACE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: PORT ST LUCIE, FL 34983 Title: MGRM () Delete Title: () Change () Addition Name: COHEN, DANIEL J Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: DANIEL J COHEN MGRM 10/30/2009