
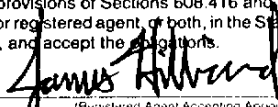
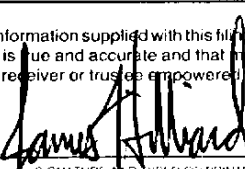


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  JAMES CRYSTAL ENTERPRISES, L.C. 2406 S. CONGRESS AVE. WEST PALM BEACH FL 33406		DOCUMENT # L97000001092	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified 10/01/1997		3a. State of Formation FL	
4. FEI Number 65-0787152		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 07/28/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office  Name: <b>JAMES HILLIARD</b> Street Address (P.O. Box Number is Not Acceptable): <b>4401 SOUTH OCEAN BLVD., #7</b> Suite, Apt. #, etc.  City: <b>HIGHLAND BEACH</b> FL Zip Code: <b>33406</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE: 		DATE: <b>3/11/99</b>	
10. Title Managing Members/Managers		Business Street Address	
MGRM HILLIARD, JAMES C		4401 SOUTH OCEAN BLVD., #7 HIGHLAND BEACH FL	
		3-24-99	
		3-11-99 432-5100	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		DATE: <b>3/11/99</b> 432-5100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER FOR MANAGER			