

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001092

FILED  
Feb 16, 2007  
Secretary of State

Entity Name: JAMES CRYSTAL ENTERPRISES, L.C.

**Current Principal Place of Business:**

6600 N. ANDREW AVENUE  
STE. 160  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6600 N. ANDREW AVENUE  
STE. 160  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 65-0787152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILLIARD, JAMES  
6600 N ANDREWS AVENUE  
SUITE 160  
FT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

HINDES, RICHARD C  
6600 N ANDREWS AVENUE  
SUITE 160  
FT LAUDERDALE, FL 33309 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: RICHARD C HINDES

02/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HILLIARD, JAMES C  
Address: 6600 N ANDREWS AVENUE STE 160  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP ( ) Delete  
Name: HILLIARD, JAMES W  
Address: 6600 N ANDERWS AVENUE STE 160  
City-St-Zip: FT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JAMES C HILLIARD

MGRM

02/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date