2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001092

1. Entity Name

JAMES CRYSTAL ENTERPRISES, L.C.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90103 049 ****50.00

١	
ļ	
	600 WE 19

Principal Place of Business Mailing Address								
496-S. CONGRESS AVE.			37					
EST FALM-BON	UNITE SOFTO				114414	ıı sın isili is ı lı sa lı sa lı sa lı sa	ii 44 ii: 11 i 3 (ii 5) 16 ii 1 (0 i)	
		2 Mailing Address						
Principal Plac	ce of Business Andrews Avenue _	3. Mailing Address	00 N Andrews Avenue			il dir idili iroli danı edin acı		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt. #,		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF	MAKING CHANGES	
Ste 160		Ste 160	Ste 160				T lane	olied For
City & State	······································	City & State			4. FEI Numb	per 65-0787152	<u> </u>	Applicable
Ft Laud	auderdale FL Ft Lauderd		Country				\$5 00 Addi	
3 ^{Zip} 33309	Country US	my a		y	5. Certificat	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Current	33309	US.		7. Name an	d Address of New Reg	istered Agent	
	o. Name and Address of Current			Name				
HILLIA	ARD, JAMES		Street Address (P.O. Box Number is Not Acceptable)					
	ena place-		L	Street Address (P.O. Box Number is Not Acceptable)				
HIGH	LAND BEACH FL 33487		. [
			ŀ	City			FL Zip Code	,
	_			•		d to the Distance Floris	1	and accent
8. The above n the obligation	amed entity submits this statement for an arrangement for some statement for a	or the purpose of changing its	s registered	d office or regis	tered agent, or b	oth, in the State of Floric	ja. Tailitailinai wiiti, i	and accept
SIGNATURE _					ired when reinstating)		DATE	
SIGNATIONE S	signature, typed or printed name of registered agen							
		FILE N	IOW!!! F	EE IS \$50.0	0			ļ
		Make Check Payat	ble to Flo	rida Departn	nent of State			
		DL	ue By Ma	y 1, 2003		1 D D T (0) (0)	HANCEC	
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/C	Change	Addition
TITLE	MGRM	☐ Delete	TITLE	ŀ			Onlings	
NAME	HILLIARD, JAMES C		NAME STREE	T ADDRESS				
STREET ADDRESS	/ OUEAN PLACE			ST-ZIP				
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	☐ Delete	TITLE				Change	☐ Addition
TITLE		□ Detete	NAME	i				
NAME STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition f
NAME		•	NAM	I .				
STREET ADDRESS				ET ADDRESS -ST-ZIP				
CITY-ST-ZIP							☐ Change	Addition
TITLE		☐ Delete	TITLE					
NAME			1	ET ADDRESS				}
STREET ADDRESS				-ST-ZIP				
CITY-ST-ZIP		☐ Delete	TITL				☐ Change	☐ Addition
TITLE NAME			NAM	I .				
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL	E			Change	Addition
NAME			NAM					
STREET ADDRESS			1	EET ADDRESS '-St-Zip				
CITY-ST-ZIP					n Continu 110 07	7/3)/i) Florida Statutes I	further certify that the	information
11. I hereby of indicated limited lia	certify that the information supplied v on this report is true and accurate a ability company or the receiver or true	vith this filing does not qualify nd that my signature shali hav stee empowered to execute th	r for the exerve the sam nis report a	emption stated in the legal effect as sequired by C	s if made under of hapter 608, Flori	path; that I am a manag da Statutes.	ing member or manag	er of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTRORIZED REPRESENTATIVE

Jaems C. Hilliard

1/27/03

Daytime Phone #