File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 93 HAR 10 AH 10: 54 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002206 1a. Principal Place of Business Address CRYSTAL ASSOCIATES, LLC 5100 OLD HOWELL BRANCH ROAD 5100 OLD HOWELL BRANCH ROAD WINTER PARK FL 32792 WINTER PARK FL 32792 2 Principal Place of Busines 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 13663 W. 10/09/1998 FL Suite, Apt. #, etc. Applied For City & State 59-3539546 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country NA S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LIN, CHIUNG-SAN 5100 OLD HOWELL BRANCH ROAD Street Address (P.O. Box Number is Not Acceptable) 13603 W Colonial Dr WINTER PARK FL 32792 Gardon Fl 34787 Zip Code 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 (Registered Agent Accepting Applier timent) - (NOTE - Begintered Agent signature in it are diwher in in this ca 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM LIN, CHIUNG-SAN 5100 OLD HOWELL BRANCH ROA WINTER PARK FL 700002810907--\$ -03/18/99--01085--014 \*\*\*\*188.75 \*\*\*\*188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 Statules, and that my name appears in Block 10, or on an attachment with an address. Milins SIGNATURE: \*

OF EXOLUTE: MALLACINE, MEMBER CON MAPLACE)