

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L98000002206****1. Entity Name**  
CRYSTAL ASSOCIATES, LLC

<b>Principal Place of Business</b> 13603 W COLONIAL DR  WINTER GARDEN FL 34787	<b>Mailing Address</b> 13603 W COLONIAL DRIVE  WINTER GARDEN FL 34787
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State
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**4. FEI Number**  
**59-3539546**

Applied For
Not Applicable

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LIN CHIUNG-SAN  
13603 W COLONIAL DR  
  
WINTER GARDEN FL 34787**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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** \_\_\_\_\_ **09/13/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> LIN CHIUNG-SAN 13603 W COLONIAL DRIVE WINTER GARDEN FL 34787	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
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**10. ADDITIONS / CHANGES**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. I 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 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.****SIGNATURE:** chiung-san lin mgrm 09/13/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)