## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHO

## Feb 24, 2005 08:00 AM DOCUMENT # L99000006734 **Secretary of State** 1. Entity Name BERRY CRYSTAL, LLC Principal Place of Business Mailing Address 4400 NW 19TH AVE, BAY L 4400 NW 19TH AVE, BAY L POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 01282005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0961187 Not Applicable \$5.00 Additional 5. Certificate of Status Desired A grant Fee Required 6. Name and Address of Current Registered Agent BERRY, DONALD DO NOT WRITE 4400 NW 19TH AVE, BAY L POMPANO BEACH, FL 33064 IN THIS SPACE 3. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U000000242000 Filing Fee is \$50.00 Due by May 1, 2005 02/24/05-80064-004 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM BERRY, DONALD NAME STREET ADDRESS 4400 NW 19TH AVE, BAY L CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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.

ZED REPRESENTATIVE

**FILED**