



2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90206 048 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L99000007759 1. Entity Name CRYSTAL SHORES ENTERPRISES, L.C. | | | |  | |
| Principal Place of Business 85 NORTH MAIN ST. WALDO, FL 32694 | | | Mailing Address P.O. BOX 2 HERNANDO, FL 34442 | | |
| 2. Principal Place of Business 1959 W. GARDENIA DR. | | 3. Mailing Address Suite, Apt. #, etc. | | % B 5 5 , , , , , 3 3 1 5 9 & | |
| City & State CITRUS SPRINGS FL | | City & State Suite, Apt. #, etc. | | 01052004 Chg-LLC CR2E083 (10/03) | |
| Zip 34434 | | Country U.S.A. | | 4. FEI Number 59-3609413 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent STANCZYK, REGINALD 1959 W. GARDENIA DR CITRUS SPRINGS, FL 34434 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARCIA, MATTHEW C 1959 W GARDENIA DR DUNNELLON, FL 34434 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARSAN, ROBERT W 14925 NE HWY 301 WALDO, FL 32694 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HANSEN, Robert 1232 Hwy 65 N LAKE PROVIDENCE LA 71254 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STANCZYK, REGINALD 1959 W GARDENIA DR CITRUS SPRINGS, FL 34434 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | 1/15/04 352-465-4720 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |