2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900007759

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90099 037 ****50.00

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 P	lace of Business	3. Mailing Address											
· · · · · · · · · · · · · · · · · · ·						111		1 10110 1911 0011		14 8 6 111 8 6 111		D1 10 161 FEE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						CHECK HE	ERE IF N	MAKING (CHANGES	3	
City & State		City & State				4. FEI N	umber	59-3609	9413			pplied For ot Applicable	,
Zip	Country	Zip	Country	у		5. Certifi	icate of	Status Desire	ed !		5.00 Ad	Iditional	٦.
	6. Name and Address of Current F	legistered Agent				7. Name	and Ac	dress of Ne	ew Regis		 		_
STA		Name	~	بحضب		مرند				,	_ _		
1959	W. GARDENIA DR	Street Address			Iress (P.	s (P.O. Box Number is Not Acceptable)							
CIT	RUS SPRINGS FL 34434				_		_			<u> </u>			7
			·	City				<u>_</u>		FL	Zip Cod	e	7
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered	office or re	gistered	d agent, o	r both, i	n the State o	of Florida	a. I am far	miliar with	and accept	-
SIGNATURE .									<u></u>				
	Signature, typed or printed name of registered agent ar			Agent signature r		hen reinstatin	g) 			DATE			\dashv
		FILE NO Make Check Payable		EE IS \$50 ida Dena:		of State							
		-		1, 2003		OI State	"						
9.	MANAGING MEMBER	S/MANAGERS	10.					ADDITIO	NS/CH	ANGES			٦,
TITLE NAME	MGRM Garcia, Matthew C	Delete	: TITLE NAME							-	∠ Change	Addition	2
STREET ADDRESS	749 RIDGEWOOD AVE	,		ADDRESS	1959	9 W	. GA	RDENT	ta. 1	n.			5
CITY-ST-ZIP	HOLLYWOOD FL 32117	1	CITY-S	T-ZIP	1 Fre	245	Spr	1265	FC	344	34		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE NAME	MGRM Harsen, Robert W	☐ Delete	TITLE NAME		10 A	(CCA)	15	RDENI PINGS Obert My 30 326	w	3	K Change	☐ Addition	5
STREET ADDRESS	17 S. LEE ST			ADDRESS	144	25	LE)	Huy 30					
CITY-ST-ZIP	BEVERLY HILLS FL 34465		CITY-S	T-ZIP	NAC	200	PL	326	44		·		4
TITLE NAME	MGRM STANCZYK, REGINALD	☐ Delete	NAME							رحيحم	Change	Addition	ł
STREET ADDRESS	1959 W. GARVENIA DRIVE			- 1	195	9 W	· 6	ar Dei	wit.	DR.			
CITY-ST-ZIP TITLE	CTRUS SPRINGS FL 34434	□ Delete	CITY-S'	1-219			 ,				Change	Addition	-
NAME		L. Delate	NAME							ı	change		1.
STREET ADDRESS CITY-ST-ZIP			STREET CITY - S	ADDRESS T-7IP									
TITLE		Delete	TITLE							[Change	Addition	┪
NAME			NAME	[_ •		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP						•			
TITLE		□ Delete	TITLE								Change	☐ Addition	1
NAME	•		NAME	*DDGCCC									
STREET ADDRESS CITY-ST-ZIP	•		CITY-ST	ADDRESS T-ZIP									
11. I hereby o	ertify that the information supplied with t	his filing does not qualify for t	the exem	otion stated	I in Sect	tion 119.0	7(3)(i), F	lorida Statut	tes. I furt	ther certify	y that the i	nformation	1

Indeedy Certify that the information supplied with this illing does not quality for the exemption stated in Section 119.07(3)(f), Fibrida statutes. Find 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: NTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE