2002	2 UNIFORM BU	SINESS REPO	DRT	(UBR	l)	1	•			
DOCUMENT # L9900008324						SECRETARY OF STATE				
1. Entity Name ATOCHA/MARGARITA MEL-LENNIUM EXPEDITION, L.C.					ļ	BIVISION OF CORPORATIONS				
AIQUI	AMANGANIA MEETENING	DIM EXPEDITION, L.G.				02 MAR 22 PI	4 1:27			
Principal Plac	e of Business	Mailing Address								
200 Greene Street Key West fl 33040		200 Greene Street Key West FL 33040						-		
						A DECEMBRA DIN SEDIO DEVIL SODIA ARIM DEVIL DEVIL	FI (2) 12149 (1111	1121) 210: 1 22 1		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE			
City & State		City & State	City & State			Number 65-0963929	J	pplied For ot Applicable		
Zip	Country	Zip	Cour	intry 5. Certificat		tificate of Status Desired	\$5.00 Ac	Iditional	7	
	6. Name and Address of Curre	ent Registered Agent	<u> </u>	- Name-	7. Nar	ne and Address of New Registered	<u></u>	·	╡.	
CRYSTALS RECOVERY, INC.				Street Address (P.O. Box Number is Not Acceptable)					- }	
	Greene Street West FL 33040			dicer Address (1.0, Dox Hamber is Not Addeptable)						
				City		. Fl	Zip Coo	le	\dashv	
8. The above	named entity submits this statemen	it for the purpose of changing its	register	ed office or n	egistered agent				-	
SIGNATURE .			 							
	Signature, typed or printed name of registered ag	· · · - · · · · · · · · · · · · · · · · · · 		FEE IS \$5	required when reinst	ating) DATE		<u></u>	1	
•		Make Check Pa		o Departm y 1, 2002	ent of State					
9.	MANAGING MEM	IBERS/MANAGERS	10.			ADDITIONS/CHANGES	3		┤_	
TITLE Name	MGR CRYSTALS RECOVERY, INC.	☐ Delete	TITLE				☐ Change	☐ Addition	(9/01	
STREET ADDRESS CITY-ST-ZIP	DORESS ATTN: KIM FISHER 200 GREENE STREET			ET ADDRESS -ST-ZIP		•			CR2E083 (9/01)	
TITLE		☐ Delete	TITLE NAME				☐ Change	☐ Addition	78	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP				_		
TITLE		☐ Delate	TITLE			-03/01/020	761- 1939	Addition	┤	
NAME				T ADORESS		****200.00	*****5	0.00	1	
CITY-ST-ZIP	·	:		ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Channe	☐ Addition	-	
name		☐ Delete	TITLE	:			☐ Change	☐ Addition	l	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	-	. 4			}	
TITLE NAME		☐ Delete	TITLE			B.F.	Change Change	Addition		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					{	
TITLE		☐ Delete	TITLE				☐ Change	Addition	1	
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP	artifu that the information cumuliant w	ith this filing does not qualify for	8	ST-ZIP	Lin Section 110	07(3)(i), Florida Statutes. I further cer	tifu that the In	formation	}	
indicated:	on this report is true and accurate ar bility company or the receiver or trust	nd that my signature shall have t	the same	legal effect :	as if made unde	ir oath; that I am a managing membe	or or manage	r of the		

Date

Deytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE