2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0000001640

1. Entity Name CRYSTAL SPRINGS, LLC



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

3500 EASTERN BLVD. MONTGOMERY, AL 36116 Mailing Address

3500 EASTERN BLVD. MONTGOMERY, AL 36116



DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 63-1255478 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

| | | IN THIS (| SPACE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------|
| 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, 2005 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CRYSTAL SPRINGS MANAGEMENT, INC. 3500 EASTERN BLVD. MONTGOMERY, AL 36116 | | |
| TITLE NAME | | 05/0 | 00000356434 1705-80036-004 50.00 |
| STREET ADDRESS CITY - ST - ZIP | | | |
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11. I hereby certify that the information supplied with this fiting 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.

AUTHORIZED REPRESENTATIVE

SIGNATURE:
SIGNATURE AND TYPED OR PRINTID NAME OF SIGNING MEMAGING MEMBER, OR

4/29/05

334-277-1000
