

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000818

FILED
Apr 03, 2006
Secretary of State

Entity Name: JAMES CRYSTAL ENTERPRISES II, L.L.C.

Current Principal Place of Business:

6600 N ANDREWS AVE
SUITE 160
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6600 N ANDREWS AVE
STE 160
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0863779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIARD, JAMES C
6600 N ANDREWS AVE
STE 160
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HILLIARD, JAMES C
Address: 6600 N ANDERWS AVE STE 160
City-St-Zip: FT LAUDERDALE, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: HILLIARD, JAMES W
Address: 6600 N ANDREWS AVE STE 160
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP () Change (X) Addition
Name: HINDES, RICHARD C
Address: 6600 N ANDREWS AVENUE STE 160
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD C. HINDES

VP

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date