

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90154 038 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000093896**

1. Entity Name  
**CROWNE CENTRAL GIFT SHOP LLC**



Principal Place of Business  
**200 EAST GREGORY STREET  
PENSACOLA, FL 32502 US**

Mailing Address  
**PO BOX 9182  
PENSACOLA, FL 32513 US**

**30012862**



|   |         |                                |         |
|---|---------|--------------------------------|---------|
| 2. Principal Place of Business - No P.O. Box #            |         | 3. Mailing Address             |         |
| Suite, Apt. #, etc.                                       |         | Suite, Apt. #, etc.            |         |
| City & State  |         | City & State                   |         |
| Zip   | Country | Zip                            | Country |
| 05212007  |         | Chg-LLC CR2E083 (12/06)        |         |
| EEI Number<br><b>88-3742313</b>                           |         | Applied For<br>Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$5.00 Additional Fee Required |         |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent                                       |  |
| VAN BRUSSEL, ANNE L<br>1695 EAST HATTON STREET<br>PENSACOLA, FL 32503 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 September 14, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VAN BRUSSEL, ANNE L<br>PO BOX 9182<br>PENSACOLA, FL 32513 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: *Anne L. Van Brusel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/21/07 (P50) 607 4677  
Date Daytime Phone #