



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 032 ****50.00

DOCUMENT # M06000006351				
1. Entity Name CROWN IMPORTS LLC				
Principal Place of Business 1 SOUTH DEARBORN STREET, SUITE 1700 CHICAGO, IL 60603		Mailing Address 1 SOUTH DEARBORN STREET, SUITE 1700 CHICAGO, IL 60603		
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	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				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 May 1, 2007		Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERK, ALEXANDER		NAME	
STREET ADDRESS	1 SOUTH DEARBORN STREET, SUITE 1700		STREET ADDRESS	
CITY - ST - ZIP	CHICAGO, IL 60603		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VP Jose Maria Arreola
STREET ADDRESS			STREET ADDRESS	111 Chapel Hill Circle
CITY - ST - ZIP			CITY - ST - ZIP	San Antonio, TX 78240
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	P William Hackett
STREET ADDRESS			STREET ADDRESS	242 Park
CITY - ST - ZIP			CITY - ST - ZIP	Glen Ellyn, IL 60137
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	S Michael Lurie
STREET ADDRESS			STREET ADDRESS	3658 North Sacramento
CITY - ST - ZIP			CITY - ST - ZIP	Chicago, IL 60618
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	T Robert Gorski
STREET ADDRESS			STREET ADDRESS	376 North Park Boulevard
CITY - ST - ZIP			CITY - ST - ZIP	Glen Ellyn, IL 60137
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MGR D Richard Sands
STREET ADDRESS			STREET ADDRESS	14 Elmwood Hill Lane
CITY - ST - ZIP			CITY - ST - ZIP	Rochester, NY 14610
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: 		Robert Gorski		02/01/07 (312) 346-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5300132 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required