

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000078791

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC1609868615**

**Entity Name:** CROWN LAKES TRACT 14, L.L.C.

**Current Principal Place of Business:**

8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**Current Mailing Address:**

8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**FEI Number:** 20-5347346

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICE, MITCHELL F  
8902 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614 US

*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:** MITCHELL F RICE

03/23/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CROWN LAKES, L.L.C.  
Address 8902 N DALE MABRY HWY, SUITE 200  
City-State-Zip: TAMPA FL 33614

Title VP  
Name LEEDS, MICHAEL J  
Address PO BOX 274183  
City-State-Zip: TAMPA FL 33688-4183

Title VP  
Name DWORZANOWSKI, GREG W  
Address 611 W BAY STREET  
SUITE G  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL J LEEDS

VP

03/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date