2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L00000003511

1. Entity Name CROWN OVERSEAS LLC)11 !		
Principal Place of Business 5604 N ATLANTIC AVE COCOA BEACH, FL 32931		Mailing Address 5604 N ATLANTIC AVE COCOA BEACH, FL 32931		L TRENTRY WAS URANGE WHEN BEING BRING BRIN
DO NOT WRITE IN THIS SPACE			03222005 No Chg-LLC CR2E083 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent GREENE, JANICE M 5604 N ATLANTIC AVE COCOA BEACH, FL 32931			DO NOT WRITE 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 Sprieture, yourd of printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rehistating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
S. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM GREENE, JANICE 5804 N ATLANTIC AVE COCOA BEACH, FL 32931 MGRM GREENE, MARTIN 5604 N ATLANTIC AVE COCOA BEACH, FL 32931	S/MANAGERS		04/28/05-80091-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report is true and accurate appropriate 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone 8				