
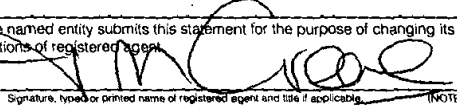
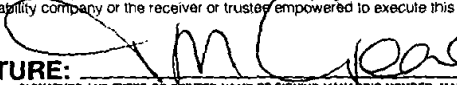


**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90218 030 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000003511</b>			
1. Entity Name <b>CROWN OVERSEAS LLC</b>			
Principal Place of Business <b>5604 N ATLANTIC AVE COCOA BEACH, FL 32931</b>		Mailing Address <b>5604 N ATLANTIC AVE COCOA BEACH, FL 32931</b>	
2. Principal Place of Business <b>6500 N. Atlantic Ave. Suite, Apt. #, etc. Ste. B Cape Canaveral, FL Zip 32920 Country USA</b>		3. Mailing Address <b>6500 N. Atlantic Ave. Suite, Apt. #, etc. Ste. B Cape Canaveral, FL Zip 32920 Country USA</b>	
		03222006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>59-3634825</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GREENE, JANICE M 5604 N ATLANTIC AVE COCOA BEACH, FL 32931</b>		7. Name and Address of New Registered Agent Name <b>GREENE, JANICE M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6500 N. Atlantic Ave., Ste. B</b> City <b>Cape Canaveral</b> FL Zip Code <b>32920</b>	
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  DATE <b>3/22/06.</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, JANICE 5604 N ATLANTIC AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, JANICE 6500 N. Atlantic Ave., Ste. B Cape Canaveral, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, MARTIN 5604 N ATLANTIC AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, MARTIN 6500 N. Atlantic Ave., Ste. B Cape Canaveral, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  DATE <b>3/22/06</b> (324) 799-0799 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			