FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:25

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000003511

1. Entity Name
CROWN OVERSEAS LLC

Principal Place of Business	Mailing Address
6500 NORTH ATLANTIC AVE SUITE B CAPE CANAVERAL, FL 32920	6500 NORTH ATLANTIC AVE SUITE B CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3634825
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JANICE M
6500 NORTH ATLANTIC AVE
SUITE B
CAPE CANAVERAL, FL 32920

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000130100137
05/23/08--01007--011 **138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GREENE, JANICE
STREET ADDRESS	6500 NORTH ATLANTIC AVE SUITE B
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	MGRM
NAME	GREENE, MARTIN
STREET ADDRESS	6500 NORTH ATLANTIC AVE SUITE B
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/4/08 (321)7990799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #