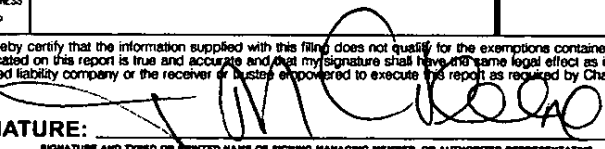


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:25

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000003511		
1. Entity Name CROWN OVERSEAS LLC		
Principal Place of Business 6500 NORTH ATLANTIC AVE SUITE B CAPE CANAVERAL, FL 32920	Mailing Address 6500 NORTH ATLANTIC AVE SUITE B CAPE CANAVERAL, FL 32920	 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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GREENE, JANICE M 6500 NORTH ATLANTIC AVE SUITE B CAPE CANAVERAL, FL 32920		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000130101370 05/23/08--01007--011 **1948.75		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GREENE, JANICE 6500 NORTH ATLANTIC AVE SUITE B CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GREENE, MARTIN 6500 NORTH ATLANTIC AVE SUITE B 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		
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 606, Florida Statutes. SIGNATURE:  1/4/08 (321)990799 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Telephone #		