

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT# L00000005385	
1. Entity Name CROWN POINTE V, LLC	

Principal Place of Business 2246 N.W. 40TH TERRACE SUITE A GAINESVILLE, FL 32605	Mailing Address PO BOX 5068 GAINESVILLE, FL 32605
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01062004 No Chg-LLC CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3649894	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN JR, LEWIS
2846 N.W. 40TH TERRACE
SUITE A
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement on the purpose for which it is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent if possible. (NOTE: Registered Agent's signature required when issuing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROWN, LEWIS JR 2246 N.W. 40TH TERR, SUITE A GAINESVILLE, FL 32605
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am a managing member or manager of the limited liability company. I understand that if I am not a managing member or manager of the limited liability company, I am required to file a statement of non-filing with the Secretary of State.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9 JAN 2004

352-377-5854

Date

Daytime Phone#