2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-11-2002 90061 049 ****50.00

DOCUMENT # L01000008238

1. Entity Name
CROWN FINANCIAL MANAGEMENT, LLC

Principal Place of Business	Mailing Address
100 S.E. SECOND STREET. SUITE 4000 C/O CARLTON FIELDS. P.A. MIAMI FL 33131	100 S.E. SECOND STREET. SUITE 4000 C/O CARLTON FIELDS. P.A. MIAMI FL 33131

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 55-1116687 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON FIELDS, P.A.
100 SE SECOND STREET
SUITE 400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: CFRA, LLC
Street Address (P.O. Box Number Is Not Acceptable) One Harbour Place
777 S. Harbour Island Blvd.
City Tampa FL Zip Code 33602

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 [signature] Peter J. Winders 9/09/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR-	☐ Delete
NAME	DARREN M. MARKS	
STREET ADDRESS	1933 W. COPANS RD	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	MANAGER	☐ Delete
NAME	MELVIN LEINER	
STREET ADDRESS	1933 W. COPANS RD	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] MGR 8/14/02 (954) 775-7615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #