

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008238

FILED
Jul 01, 2005
Secretary of State

Entity Name: CROWN FINANCIAL MANAGEMENT, LLC

Current Principal Place of Business:

100 S.E. SECOND STREET, SUITE 4000
C/O CARLTON FIELDS, P.A.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

100 S.E. SECOND STREET, SUITE 4000
C/O CARLTON FIELDS, P.A.
MIAMI, FL 33131

New Mailing Address:

FEI Number: 55-1116687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARKS, DARREN M
Address: 1933 W COPANS RD
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR () Delete
Name: LEINER, MELVIN
Address: 1933 W COPANS RD
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MELVIN LEINER

MGR

07/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date