

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008238

FILED  
Jan 29, 2007  
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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 Chapter 119, 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:** DARREN M. MARKS

MGR

01/29/2007

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