


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000011526</b>		
1. Entity Name OYLER/CROWNPOINTE, LLC		
Principal Place of Business 951 N LAKE SYBELIA DR MAITLAND, FL 32751		Mailing Address PO BOX 7540 MAITLAND, FL 32794-7540
<b>DO NOT WRITE IN THIS SPACE</b>		
		03172004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 03-0413380		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  TATICH, PHILIP 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
000000096425 03/25/04-80029-008 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OYLER, THOMAS 951 N LAKE SYBELIA DRIVE MAITLAND, FL 32751	
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<b>DO NOT WRITE IN THIS SPACE</b>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
Date <u>3/23/04</u> Daytime Phone # _____		