


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90018 019 ****50.00

DOCUMENT # L02000005130	
1. Entity Name CROWN TREE ASSOCIATES, LLC	

Principal Place of Business 15340 JOG ROAD SUITE 200 DELRAY BEACH, FL 33446	Mailing Address 15340 JOG ROAD SUITE 200 DELRAY BEACH, FL 33446
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2. Principal Place of Business 5350 W. Atlantic Ave	3. Mailing Address SAME AS #2
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State Delray Beach FL	City & State
Zip 33484	Country USA

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1650709

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	
MORTON, MICHAEL 15340 JOG ROAD SUITE 200 DELRAY BEACH, FL 33446	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
5350 W. Atlantic Ave Suite 102	
City Delray Beach	Zip Code FL 33484

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  DATE **4/17/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORTON, MICHAEL 15340 JOG RD., STE 200 DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5350 W. Atlantic Ave Suite 102 Delray Beach FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **MICHAEL MORTON** DATE **4/17/06**