

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005130

FILED
Mar 16, 2009
Secretary of State

Entity Name: CROWN TREE ASSOCIATES, LLC

Current Principal Place of Business:

5350 W ATLANTIC AVE STE 102
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5350 W ATLANTIC AVE STE 102
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 16-1650709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTON, MICHAEL
5350 W ATLANTIC AVE STE 102
DELRAY BEACH, FL 33484 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: MGRM () Delete
Name: MORTON GROUP, INC.,
Address: 5350 W ATLANTIC AVE STE 102
City-St-Zip: DELRAY BEACH, FL 33484

Title: ST () Delete
Name: MORTON, TOBAY
Address: 5350 W ATLANTIC AVE STE 102
City-St-Zip: DELRAY BEACH, FL 33484

Title: P () Delete
Name: MORTON, MICHAEL
Address: 5350 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

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

Title: ST (X) Change () Addition
Name: MORTON, TOBEY
Address: 5350 W ATLANTIC AVE STE 102
City-St-Zip: DELRAY BEACH, FL 33484

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL MORTON

P

03/16/2009

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