
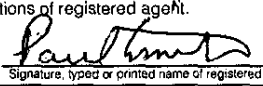
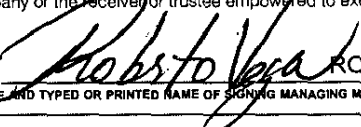


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91003 034 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L02000017711</b>			
1. Entity Name <b>CROWN CONSTRUCTION, LLC</b> ✓			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>3200 HARPERS FERRY CT.</b>		3. Mailing Address <b>3200 HARPERS FERRY CT.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32837</b>	Country <b>USA</b>	Zip <b>32837</b>	Country <b>USA</b>
4. FEI Number <b>36-4502191</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>A1A REGISTERED AGENT, INC.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>25 S.E. 2ND AVENUE SUITE 1036</b>			
City <b>MIAMI</b>		FL	Zip Code <b>33131</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 		PAUL SMITH, Vice-President 04-23-03	
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTO P VEGA 3200 HARPERS FERRY CT. ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<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)(i), 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: 		ROBERTO P VEGA, MGRM 04/14/03 321-217-2729	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083B (12/02)