2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 20, 2004 8:00 am Secretary of State

	OCUMENT # L02000028446				Secretary of State	es.
1. Entity Name CROWN INVESTORS OF FLORIDA LLC					04-20-2004 90181 019 ****50.00	eric eric
3299 NW 21 #200		Mailing Address PO BOX 811135 BOCA RATON FL 33481-1	133			
2. Principal Place of Business 7999 No. Federal Hwy O.O. Dox 81135						
Suite, Apt.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)	
City & Stat	Rator P/	City & State	ر ا	F/	4. FEI Number 16-1638085 Applied For Not Applicable	Э
Zip 72-4:	Country S ()SP	Zip C ろ3481 (Country	A-	5. Certificate of Status Desired	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent	_
STEVENS-RUSTINE, REBECCA 3299 NW 2ND AVE. #200 BOCA RATON FL 33431 STEVENS-RUSTINE, REBECCA Street Address (P.O. Box Number is Not Acceptable) 999 D. Federal Hwy						
BOOK 1610N 1 2 33431				-0.2 -0.2	PL Zincode	_
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 State of Florida agent and 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 State of Florida agent agent agent agent and 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 State of Florida agent						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004						
9.	MANAGING MEMBER		10.	<u> </u>	ADDITIONS/CHANGES	_
NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSRINE, REBECCA S PO BOX 811135 BOCA RATON FL 33481	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. C	Strine, Rebecció S. Schange Addition O.Box 811135 aca baton FL 33481	1
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11. 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 exempt this report as required by chapter 608, Florida Statutes.						