LIMITED LIABILITY COMPANY

	NIFORM BUSINE		(UBR)			
DOCUI 1. Entity Nam Crown		OS DEC 23 AM 8: 56				
	DO NOT WRITE				00 DEG 23 A	M 8: 56.
2. Principal Place of Business 3. Mailing Address 7999 N Feleral Huy 8/1/1 Suite, Apt. #, etc. 5 Suite, Apt. #, etc.			135		DO NOT WRITE IN 1	THIS SPACE
City & State	202 ° 0 1.	City & State Rotor	N FL	4.	FEI Number 38085	Applied For
Zip 334		738CA KATOI 33481	Country		Certificate of Status Desired	\$5.00 Additional Fee Required
951	87 USA	33701	USA	7 1	and Address of Commet Basis	
	DO NOT W		Name C	Stever	larne and Address of Current Regis 15 - Rustine Red Box Number is Not Acceptable)	becca
	IN THIS SP	ACE	City 1	199 N	Federal Hwy	#20Z
		A Branch Branch	City 1	Soca	. Katon	FL 33487
the obligati	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent a	ind title if applicable. F Make Check Payable	EE IS \$50.00	partment o	500062381 12/27/050100200	
9.	MANAGING MEMBE		Park to the first of the control beautiful to	i aj Militari je podaja je podaja je podaja je je podaja je je podaja je	dan'n procument	andre de la comprese de la comprese
TITLE NAME STREET ADDRESS	DAVID A Rustine, 1999 N Federal Har Boan Ratin 151	President Suik 202	TULE NAME STREET ADORESS			
CITY-ST-ZIP	Boan Raton FI	33487	CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			TITLE NAME STREET ADDRESS COTY-ST-ZUP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second	DO NOT WI	RITE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THTLE NAME STREET ADDRESS CHY-ST-ZIP		IN THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		Wince Waller	2005
TITLE NAME			TITLE NAME		en egyner ef græville er pyrensymmyn myner myner fra er en einfelig far flæv e	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

361-997-8 600 Daytime Phone #