


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-20-2004 90181 021 \*\*\*\*50.00

<b>DOCUMENT # L02000028481</b>	
<b>1. Entity Name</b> CROWN INVESTORS LLC	

<b>Principal Place of Business</b> 3299 NW 2ND AVE. #200 BOCA RATON FL 33431 US	<b>Mailing Address</b> PO BOX 811135 BOCA RATON FL 33481 US
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<b>2. Principal Place of Business</b> 7999 N. Federal Hwy Suite, Apt. #, etc. Ste 202	<b>3. Mailing Address</b> P.O. Box 811135 Suite, Apt. #, etc.
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<b>City &amp; State</b> Boca Raton, FL	<b>City &amp; State</b> Boca Raton, FL
<b>Zip</b> 33487	<b>Country</b> USA
<b>Zip</b> 33481	<b>Country</b> U.S.A.



MOORE CR2E083 (11/03)

<b>4. FEI Number</b> 82-0571749	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> RUSTINE, DAVID A 3299 NW 2ND AVE. #200 BOCA RATON FL 33431	<b>7. Name and Address of New Registered Agent</b> Name: Rustine, David A. Street Address (P.O. Box Number is Not Acceptable): 7999 N. Federal Hwy Suite 202 City: Boca Raton FL Zip Code: 33487
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**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: *David A. Rustine* DATE: 4/1/04

(Signature of David A. Rustine, as President)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSTINE, DAVID A PO BOX 811135 BOCA RATON FL 33481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVENS-RUSTINA, REBECCA PO BOX 811135 BOCA RATON FL 33481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: *David A. Rustine* DATE: 4/1/04 561-997-8000

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

*David A. Rustine, as President*