


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010359 1. Entity Name CROWNCOOPER, LLC	
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Principal Place of Business 7068 COMMERCIAL WAY WEEKI WACHEE, FL 34613	Mailing Address 7068 COMMERCIAL WAY WEEKI WACHEE, FL 34613
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DO NOT WRITE IN THIS SPACE



03122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0616726	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES, G. RANDY ATTY. 4230 S. MACDILL AVE., SUITE K TAMPA, FL 33611	DO NOT WRITE IN THIS SPACE
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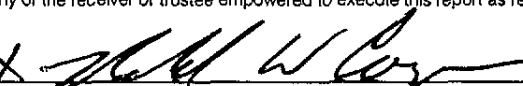
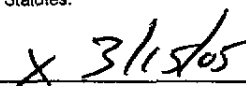
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, RONALD W OWNER 7613 JOMEL DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, MICHELLE L OWNER 7613 JOMEL DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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03/18/05-80050-U18 50.00

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: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>