

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025314

FILED  
Jul 06, 2007  
Secretary of State

**Entity Name:** FLORIDA CROWN REALTY, L.L.C.

**Current Principal Place of Business:**

799 SOUTH 6TH STREET  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

799 SOUTH 6TH STREET  
MACCLENNY, FL 32063 US

**New Mailing Address:**

FEI Number: 20-0095944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BROWN, TERENCE M ESQ  
486 NORTH TEMPLE STREET  
STARKE, FL 32091 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRP ( ) Delete  
Name: SMITH, JAMES M  
Address: 799 SOUTH 6TH STREET  
City-St-Zip: MACCLENNY, FL 32063

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: M ( ) Change (X) Addition  
Name: LANCASTER, MARK  
Address: 799 SOUTH 6TH STREET  
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK LANCASTER

M

07/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date