

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025314

FILED
Apr 29, 2009
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 ()

Name and Address of Current Registered Agent:

SMITH, JAMES M
799 SOUTH 6TH STREET
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

YARBOROUGH, TERESA A
799 SOUTH 6TH STREET
MACCLENNY, FL 32063 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: TERESA A. YABOROUGH

04/29/2009

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: M () Delete
Name: PADGETT, JUANICE
Address: 799 SOUTH 6TH STREET
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YARBOROUGH, TERESA A
Address: 799 SOUTH 6TH STREET
City-St-Zip: MACCLENNY, FL 32063

Title: MGR (X) Change () Addition
Name: PADGETT, JUANICE
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: TERESA A. YARBOROUGH

MGRP

04/29/2009

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