

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053296

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: CROWN OPERATIONS, LLC

**Current Principal Place of Business:**

910 NW 10TH PLACE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

910 NW 10TH PLACE  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

ROSENTHAL, ALAN S ESQ  
TURNBERY PLAZA, STE 500  
2875 NE 191ST ST  
AVENTURA, FL 33180 US

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

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KASSAL, MICHAEL  
Address: 910 NW 10TH PLACE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: MGRM ( ) Delete  
Name: KASSAL, PAUL BUBBA  
Address: 910 NW 10TH PLACE  
City-St-Zip: FT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL BUBBA KASSAL                      MGRM                      04/26/2004

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