

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L04000016343

1. Entity Name

CROWNE ATLANTIC PROPERTIES, LLC



**FILED
Feb 17, 2006 8:00 am
Secretary of State**

02-17-2006 90019 036 ****50.00



1st MOORE CR2E083 (10/05)

Principal Place of Business 7380 W. SANLAKA ROAD SUITE 500 ORLANDO FL 32819	Mailing Address 7380 W. SANLAKA ROAD SUITE 500 ORLANDO FL 32819
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2. Principal Place of Business <i>620 NORTH WYMORE Rd.</i> Suite, Apt. #, etc. <i>Suite 260</i>	3. Mailing Address <i>620 NORTH WYMORE Rd.</i> Suite, Apt. #, etc. <i>Suite 260</i>
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City & State <i>MAITLAND, FLORIDA</i>	City & State <i>MAITLAND, FLORIDA</i>
Zip <i>32751-4253</i>	Country <i>32751-4253</i>

6. Name and Address of Current Registered Agent <i>COHEN, DAVID S 5728 MAJOR BLVD. SUITE 550 ORLANDO FL 32819</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>620 NORTH WYMORE Rd. Suite 260 MAITLAND, FLORIDA 32751-4253</i>
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
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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 exemptions contained in Section 119, 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:

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

2-4-2006

407-478-4101

Date

Daytime Phone #