

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L04000016343

1. Entity Name

CROWNE ATLANTIC PROPERTIES, LLC



Principal Place of Business

7380 W. SANDLAKE ROAD  
SUITE 500  
ORLANDO FL 32819

Mailing Address

7380 W. SANDLAKE ROAD  
SUITE 500  
ORLANDO FL 32819



2. Principal Place of Business

620 NORTH Wymore Rd  
Suite, Apt. #, etc.  
Suite 260

3. Mailing Address

620 NORTH Wymore Rd.  
Suite, Apt. #, etc.  
Suite 260

1st MOORE

CR2E083 (10/05)

City & State

MAITLAND, FLORIDA

City & State

MAITLAND, FLORIDA

4. FEI Number

84-1644338

Applied For

Not Applicable

Zip

Country

32751-4253

Zip

Country

32751-4253

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, DAVID S  
5728 MAJOR BLVD.  
SUITE 550  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME OSSIN, ARCHIE  
STREET ADDRESS 7380 W. SANDLAKE ROAD STE 500  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 620 NORTH Wymore Rd, Suite 260  
CITY-ST-ZIP MAITLAND, FLORIDA 32751-4253

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

2-4-2006

407-478-4101