

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016343

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** CROWNE ATLANTIC PROPERTIES, LLC

**Current Principal Place of Business:**

620 N WYMORE RD  
SUITE 260  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

620 N WYMORE RD STE 260  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 84-1644338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSSIN, ARCHIE  
620 NORTH WYMORE ROAD  
SUITE 260  
MAITLAND, FL 32751 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/MANAGERS:**

**Title:** MGRM  
**Name:** OSSIN, ARCHIE MGR  
**Address:** 620 N WYMORE RD STE 260  
**City-St-Zip:** MAITLAND, FL 327514253

**Title:** MGRM  
**Name:** OSSIN, JACQUELINE MGRM  
**Address:** 620 NORTH WYMORE ROAD, SUITE 260  
**City-St-Zip:** MAITLAND, FL 32751

**Title:** MGRM  
**Name:** OSSIN, LEE  
**Address:** 620 NORTH WYMORE ROAD, SUITE 260  
**City-St-Zip:** MAITLAND, FL 32751

I hereby 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:** ARCHIE OSSIN

MGRM

01/05/2012

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