


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000086145 1. Entity Name CROWN VALLEY INSURANCE AGENCY OF FLORIDA LLC					
Principal Place of Business 302 BOYD DRIVE KEY LARGO, FL 33037			Mailing Address 302 BOYD DRIVE KEY LARGO, FL 33037		
2. Principal Place of Business 3028 Cabela Lane		3. Mailing Address 3028 Cabela Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crestview, FL		City & State Crestview, FL		4. FEI Number 01-0824287	
Zip 32539		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITING, VIOLETTA A 302 BOYD DRIVE KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3028 Cabela Lane City Crestview FL Zip Code 32539			
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 <i>Violetta Ann Whiting</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Violetta Ann Whiting, Manager <small>(NOTE: Registered Agent signature required when reinstating)</small>		04/26/2005 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITING, VIOLETTA A 302 BOYD DRIVE KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Whiting, Violetta A. 3028 Cabela Lane Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITING, KELLY G 302 BOYD DRIVE KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Whiting, Kelly G. 3028 Cabela Lane Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Violetta Ann Whiting</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Violetta Ann Whiting, Manager		04/26/2005 850-682-9977 <small>Date Daytime Phone #</small>	