

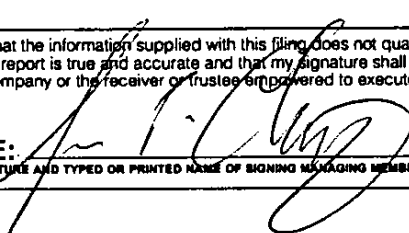


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90019 033 \*\*\*150.00

<b>DOCUMENT # L05000059028</b> 1. Entity Name <b>ROYAL CROWN CAPITAL LLC</b>					
Principal Place of Business <b>1034 AREZZO CIR BOYNTON BEACH, FL 33436</b>			Mailing Address <b>1034 AREZZO CIR BOYNTON BEACH, FL 33436</b>		
2. Principal Place of Business <b>7301 W. Palmetto Park Rd</b> Suite, Apt. #, etc. <b>208-C</b> City & State <b>BOCA RATON FL</b> Zip <b>33433</b>		3. Mailing Address <b>7301 W. Palmetto Park Rd</b> Suite, Apt. #, etc. <b>208-C</b> City & State <b>BOCA RATON FL</b> Zip <b>33433</b>			
04202006 Chg-LLC CR2E083 (11/05)				4. FEI Number <b>202993772</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHAITOVITZ, JAMES 1034 AREZZO CIR BOYNTON BEACH, FL 33436</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAITOVITZ, JAMES P 1034 AREZZO CIR BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREGO, ERIC L 10601 MENDOCINO LN BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HABIB, MARK S 104 HAMPTON CIR JUPITER, FL 33458		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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> 			Date <b>4-24-06</b> Daytime Phone # <b>561-367-8949</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					