2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2006
Secretary of State

DOCUMENT# L05000089561

Entity Name: CROWN MEDICAL SYSTEMS LLC

Current Principal Place of Business:

4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 20-3563173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TELL, MEAH ROTHMAN
4992 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351 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 ( ) Delete
Name: SCHUMER, BRIAN
Address: APARTMENT 1210,3300 N.E. 192ND STREET
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHUMER, BRIAN
Address: APARTMENT 712,3300 N.E. 192ND STREET
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN SCHUMER MGRM 07/22/2006

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