

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104005

Entity Name: CROWNING TOUCH LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

3575 ISLAND CLUB DR
APT #5
NORTH PORT, FL 34288 US

Current Mailing Address:

3575 ISLAND CLUB DR
APT #5
NORTH PORT, FL 34288 US

New Principal Place of Business:

3679 ISLAND CLUB DR
APT #5
NORTH PORT, FL 34288 US

New Mailing Address:

3679 ISLAND CLUB DR
APT #5
NORTH PORT, FL 34288 US

FEI Number: 20-3677085 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:

PRICE, RUSSELL E
3575 ISLAND CLUB DR
APT #5
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

PRICE, RUSSELL E
3679 ISLAND CLUB DR
APT #5
NORTH PORT, FL 34288 US

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: RUSSELL E. PRICE

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRICE, RUSSELL E
Address: 3575 ISLAND CLUB DR APT#5
City-St-Zip: NORTH PORT, FL 34288 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRICE, RUSSELL E
Address: 3679 ISLAND CLUB DR APT#5
City-St-Zip: NORTH PORT, FL 34288 US

I hereby certify that the information supplied with this filing does not qualify 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: RUSSELL E. PRICE

MGRM

05/02/2007

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