

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082154

Entity Name: CROWN RIDGE A.L.F., LLC

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

575 SW HALIFAX AVE
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

575 SW HALIFAX AVE
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPOLEON, ODETTE
575 SW HALIFAX AVE
PORT ST LUCIE, FL 34953 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: MGR () Delete
Name: NAPOLEON, ODETTE
Address: 575 SW HALIFAX AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGR () Delete
Name: NAPOLEON, ELIMA
Address: 1849 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ODETTE NAPOLEON

MGM

04/03/2007

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