2008 LIMITED LIABILITY COMPANY

Jan 14, 2008 8:00 am Secretary of State ANNUAL REPORT 01-14-2008 90041 005 ***138 75 **DOCUMENT # L06000102474** 1. Entity Name CROWN CAPITAL MANAGEMENT LLC Mailing Address Principal Place of Business 12940METRO PARKWAY 12940METRO PARKWAY FT. MYERS, FL 33192-1319 FT. MYERS, FL 33192-1319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 14-19823PQ Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEER, JOHN E Street Address (P.O. Box Number is Not Acceptable) 1142 OLD FT, GREEN RD WAUCHULA, FL 33873-7710 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Addition MGRM Change TITLE THILE ☐ Delete PAGE, RUSSELL S NAME NAME 1612 SAVONA PARKWAY STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 339045041 CITY-ST-ZIP CITY-ST-ZIP MGRM Change Addition TITLE ☐ Delete TITLE PAGE, LEIGH A NAME 1612 SAVONA PARKWAY STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP CAPE CORAL, FL 339045041 Change Addition ☐ Delete TITLE TITLE PAGE, CHARLES R STREET ADDRESS 1612 SAVONA PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 339045041 ☐ Change ☐ Addition ☐ Delete TITLE PAGE, VICTORIA L NAME NAME STREET ADDRESS 1612 SAVONA PARKWAY STREET ADDRESS CAPE CORAL, FL 339045041 CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-10-08

FILED

☐ Change

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Addition