


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000107637 1. Entity Name CROWN PROPERTY MANAGEMENT, LLC	
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Principal Place of Business 7500 ESTERO BLVD UNIT 1202 FORT MEYERS BEACH, FL 33931	Mailing Address 10 B2 PRESIDENT POINT DRIVE ANNAPOLIS, MD 21403
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DO NOT WRITE IN THIS SPACE



01062008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5838689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEGRAFFT, HART W
 7500 ESTERO BLVD. UNIT 1202
 FORT MEYERS BEACH, FL 33931

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U0000077679E
 01/09/08-80037-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGRAFFT, HART W 7500 ESTERO BLVD UNIT 1202 FORT MEYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGRAFFT, JANE E 7500 ESTERO BLVD UNIT 1202 FORT MEYERS BEACH, FL 33931
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Hart W DeGrafft Hart W. DeGrafft 1/7/08 240-373-5738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #