

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000072163

FILED
Feb 26, 2009
Secretary of State

Entity Name: I-CROWNE INVESTMENTS, LLC

Current Principal Place of Business:

73 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

73 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

BARTLEY, ELIZABETH
73 SHADOW CREEK WAY
ORMOND BEACH, FL 32174 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: EB

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARTLEY, ELIZABETH
Address: 73 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: BARTLEY, THOMAS
Address: 73 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: BARTLEY, RICHARD
Address: 5 HAWTHORNE COVE
City-St-Zip: DANBURY, CT 06811

ADDITIONS/CHANGES:

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

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 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: EB

MGRM

02/26/2009

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