

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094038

FILED
Jan 04, 2008
Secretary of State

Entity Name: CROWN GROUP LIQUIDATION, L.L.C.

Current Principal Place of Business:

215 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

215 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 01-0696566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEGEL, JOHN A
215 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: MGRM () Delete
Name: HARDYMON, ELLEN H
Address: 215 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: KOEGEL, JOHN A
Address: 215 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: RAPAPORT, DAVID A.H.
Address: 215 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JOHN A. KOEGEL

MGR.

01/04/2008

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