2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# L94000000666

Entity Name: THE FOUR CROWNS, L.C.

Current Principal Place of Business:

4800 N. FEDERAL HWY.
SUITE 300 D
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4800 N. FEDERAL HWY.
SUITE 300 D
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0539032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLOSHEIM, J. HAROLD JR.
4800 N. FEDERAL HWY.
SUITE 300 D
BOCA RATON, FL 33431 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:	CHADWICK, NORMAN	
Address:	20227 WATERS EDGE DRIVE	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	MGRM	( ) Delete
Name:	KLOSHEIM, J. HAROLD JR.	
Address:	3420 S. OCEAN BLVD.	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	MGRM	( ) Delete
Name:	SWARTZ, MORTON	
Address:	19407 WATERS REACH TRAIL	
City-St-Zip:	BOCA RATON, FL 33434	

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 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: J HAROLD KLOSHEIM, JR. MGRM 01/11/2007

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