

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 30 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000673

CROWN INVESTMENT GROUP, L.L.C.
~~701 OHIO AVENUE~~
LYNN HAVEN FL 32444

1a. Principal Place of Business Address

701 OHIO AVENUE
LYNN HAVEN FL 32444

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 701 OHIO AVENUE Suite, Apt. #, etc.		2a. Mailing Address P.O. BOX 250 Suite, Apt. #, etc.		3. Date Organized or Qualified 06/20/1996		3a. State of Formation FL	
City & State LYNN HAVEN, FL		City & State LYNN HAVEN, FL.		4. FEI Number 59-3385944		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32444	Country USA	Zip 32444	Country USA	5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

FARRELL, TIM
701 OHIO AVENUE
LYNN HAVEN FL 32444

8. Name and Address of New Registered Agent

Name
300002076383--2
-02/04/97--01010--004
Street Address (P.O. Box Number is Not Acceptable)
75 ***203.75
Suite, Apt. #, etc.
City
FL
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Tim Farrell* DATE 01/22/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
D	CAMPBELL, TIM MEM	222 EAST 4TH STREET	PANAMA CITY FL
D	CAMPBELL, TROY MEM	222 EAST 4TH STREET P.O. BOX 789	PANAMA CITY FL
D	CAMPBELL, TROY	DUPLICATE P.O. BOX 789	PANAMA CITY FL
D	FARRELL, TIM MEM	701 OHIO AVENUE POB 250	LYNN HAVEN FL
D	HAMM, TOXMY MEM	4003 BRENTLY CIRCLE	PANAMA CITY FL
D	MOWAT, TIM MEM	4612 HIGHWAY 389	PANAMA CITY FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Tim Farrell* 01/22/97 (904) 265-2181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #