
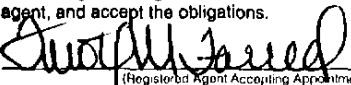
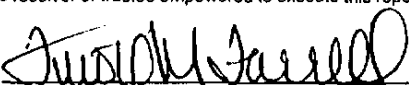


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000673</b>  CROWN INVESTMENT GROUP, L.L.C. P.O. BOX 250 LYNN HAVEN FL 32444		1a. Principal Place of Business Address  701 OHIO AVENUE LYNN HAVEN FL 32444	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 06/20/1996		3a. State of Formation FL	
4. FEI Number 59-3385944		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 01/30/1997		6. Certificate of Status Desired <input checked="" type="checkbox"/> 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 800002458578--0 -03/16/98--01120--023 ****188.75 ****188.75 FL	
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  DATE 03/03/98 (Register as Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	CAMPBELL, TIM	222 EAST 4TH STREET	PANAMA CITY FL
M	CAMPBELL, TROY	222 EAST 4TH STREET	PANAMA CITY FL
MGRM	FARRELL, TIM	701 OHIO AVENUE, P.O. BOX	LYNN HAVEN FL
MEM	HAMM, TOMMY	4003 BRENTLY CIRCLE	PANAMA CITY FL
<del>MEM</del>	<del>MOWAT, TIM</del>	<del>4612 HIGHWAY 389</del>	<del>PANAMA CITY FL</del>
MEM	HEATH, KEVIN D	13642 SANDY ROAD	SOUTHPORT FL 32409
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:  03/03/98 (850)265-2181 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			