

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000673

FILED
Jan 18, 2005
Secretary of State

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

Current Principal Place of Business:

701 OHIO AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3385944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, TIM
701 OHIO AVENUE
LYNN HAVEN, FL 32444 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/MEMBERS:

Title: MGRM () Delete
Name: CAMPBELL, TIM
Address: 112 E 3RD COURT
City-St-Zip: PANAMA CITY, FL 32401 ME

Title: MGRM () Delete
Name: FARRELL, TIM
Address: 701 OHIO AVENUE, P.O. BOX 250
City-St-Zip: LYNN HAVEN, FL 32405

Title: MGRM () Delete
Name: FOSTER, D. STEPHEN
Address: 1008 MINNESOTA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMPBELL, TIM
Address: 228 E 4TH STREET
City-St-Zip: PANAMA CITY, FL 32401 ME

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 Section 119.07(3)(i), 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: TIM FARRELL

MGRM

01/18/2005

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