

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000673

**FILED**  
**Feb 18, 2006**  
**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:**

701 OHIO AVENUE  
LYNN HAVEN, FL 32444 US

**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:**

FARRELL, TIM MGRM  
701 OHIO AVENUE  
LYNN HAVEN, FL 32444 US

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: TIM FARRELL

02/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FARRELL, TIM  
Address: 701 OHIO AVENUE PO BOX 250  
City-St-Zip: LYNN HAVEN, FL 32444 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 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: TIM FARRELL

MGRM

02/18/2006

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