


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90051 042 ****50.00

DOCUMENT # L97000000154
 1. Entity Name
CROWN INSURANCE CONSULTING, L.C.



Principal Place of Business: **1101 BRICKELL AVE STE 1701 MIAMI FL 33131**
 Mailing Address: **P.O. BOX 468 NORFOLK CT 06058**



2. Principal Place of Business: **1110 Brickell Ave**
 Suite, Apt. #, etc.: **Suite 206**


City & State: **Miami FL**

Zip: **33131** Country: **USA**

3. Mailing Address: **1st MOORE CR2E083 (10/05)**
 Suite, Apt. #, etc.:
 City & State:
 4. FEI Number: **65-0739804**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
BRAUN, GUSTAV P
C/O ARG REINSURANCE BROKERS
1101 BRICKELL AVE., SUITE 107
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: **BRAUN, GUSTAV P.**
 Street Address (P.O. Box Number is Not Acceptable): **1110 Brickell Ave**
Suite 206
 City: **Miami** State: **FL** Zip Code: **33131**

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE:  DATE: _____
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRAUN, GUSTAV P 360 NORTH ST NORFOLK CT 06058 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAUN, THERESE D 360 NORTH ST NORFOLK CT 06058 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAUN, GERARD P 151 CRANDON BLVD UNIT 207 525 KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:  **3/14/06** **860-542-1894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #