


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002896</b> 1. Entity Name <b>CROWN RESTAURANT VIERA, L.L.C.</b>	
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Principal Place of Business <b>1041 ROYAL OAK COURT MELBOURNE FL 32940</b>	Mailing Address <b>1041 ROYAL OAK COURT MELBOURNE FL 32940</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>SOILEAU, JOHN L 1970 MICHIGAN AVE. BLDG. C COCOA FL 32922</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME <b>MGRM CROWN MANAGEMENT GROUP, INC.</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1041 ROYAL OAK COURT MELBOURNE FL 32940</b>	
TITLE NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	
TITLE NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	
TITLE NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	

10. ADDITIONS/CHANGES	
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	000000072555 03/01/04-80115-022 50.00
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	
TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	

11. I 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 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:**  2/27/04 321-253-1339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #