2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002896

1. Entity Name CROWN RESTAURANT VIERA, L.L.C.

FILED Jul 10, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1041 ROYAL OAK COURT MELBOURNE, FL 32940 1041 ROYAL OAK COURT MELBOURNE, FL 32940



 \Box

07052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOILEAU, JOHN L 1970 MICHIGAN AVE. BLDG. C COCOA, FL 32922

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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	Signature, typed or printed name of registered agent and site if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 6, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROWN MANAGEMENT GROUP, INC. 1041 ROYAL OAK COURT MELBOURNE, FL 32940		H00000000000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM TO DESTRUCTION OF THE PROPERTY OF THE		000000568761 07/10/06-80006-013 50.00
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

STREET ADDRESS
CITY-S1-ZIP

ITILE
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/5/06

321-253-1339

Daytime Phone #