2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002448

Entity Name: CROWNE SOLUTIONS, LLC

FILED Apr 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3621 RIVER HEIGHTS CROSSING 1900 CENTURY PLACE MARIETTA, GA 300674514

SUITE 100

ATLANTA, GA 303454302 US

Current Mailing Address: New Mailing Address:

3621 RIVER HEIGHTS CROSSING PO BOX 29546

MARIETTA, GA 300674514 ATLANTA, GA 303590546

FEI Number: 54-2088364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

MGR () Delete

LEONARD, SALLY Name: Address: 3621 RIVER HEIGHTS CROSSING City-St-Zip: MARIETTA, GA 300674514

Title: MGR () Delete

Name: SAVOY, ROBERT Address: 3621 RIVER HEIGHTS CROSSING City-St-Zip: MARIETTA, GA 300674514

ADDITIONS/CHANGES:

MGRM (X) Change () Addition

LEONARD, SALLY Name: Address: 2682 CARLTON PLACE City-St-Zip: ATLANTA, GA 30319

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: SALLY LEOANRD **MGRM** 04/20/2004