## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**DOCUMENT # M06000000916** 

1. Entity Name CROWN REALTY, LLC



Principal Place of Business

203 WEST MYRTLE AVENUE FOLEY, AL 36535

Mailing Address

203 WEST MYRTLE AVENUE FOLEY, AL 36535

60037537



**FILED** 

Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90249 014 \*\*\*\*50.00

01082007 No Chg-LLC -

CR2E083 (11/05)

4. FEI Number 90~

90-0244211

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

BURKHALTER, HARRY W 13599 PERDIDO KEY DRIVE PENSACOLA, FL 32507

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8.	<ul> <li>The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.</li> </ul>	gistered office or registered agent, or both	, in the State of Florida.	I am familiar with, and acce	pt
SI	IGNATURE				

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.

TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM GARNER, PHIL E 203 WEST MYRTLE AVENUE FOLEY, AL 36535
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM BURKHALTER, HARRY W 203 WEST MYRTLE AVENUE FOLEY, AL 36535
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 flability company or the receiver or manager of the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver of the limited flability of th

SIGNATURE:

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

Date

Daytime Phone #