

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001034

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** CROWN PHILANTHROPIC SOLUTIONS, LLC

**Current Principal Place of Business:**

7919 WARWICK GARDENS LANE  
UNIVERSITY PARK, FL 34201

**New Principal Place of Business:**

200 W 57TH STREET  
SUITE 203  
NEW YORK, NM 10019

**Current Mailing Address:**

7919 WARWICK GARDENS LANE  
UNIVERSITY PARK, FL 34201

**New Mailing Address:**

FEI Number: 25-1919425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OTTERMAN, JOHN  
7919 WARWICK GARDENS LANE  
UNIVERSITY PARK, FL 34201 US

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

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/MANAGERS:**

Title: PRES ( ) Delete  
Name: OTTERMAN, JOHN  
Address: 7919 WARWICK GARDENS LANE  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: CEO ( ) Delete  
Name: RUSH, RUSSELL  
Address: 888 MAIN STREET, #1041  
City-St-Zip: NEW YORK, NY 10044

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: FOUN (X) Change ( ) Addition  
Name: RUSH, RUSSELL  
Address: 200 W 57TH STREET  
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN OTTERMAN

PRES

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date