

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001034

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

7917 WARWICK GARDENS LANE  
UNIVERSITY PARK, FL 34201

**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 C PRESIDE  
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  
Name: OTTERMAN, JOHN  
Address: 7919 WARWICK GARDENS LANE  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: CEO  
Name: TORENBURG, EPHRAIM  
Address: 200 W 57TH STREET #203  
City-St-Zip: NEW YORK, NY 10019

I hereby 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

01/06/2010

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