

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90016 007 \*\*\*538.75

**DOCUMENT # M06000002366**

1. Entity Name  
**KONA CROWN HOLDINGS, LLC**



Principal Place of Business  
**11611 SAN VINCENTE RD  
520  
LOS ANGELES, CA 90049**

Mailing Address  
**11611 SAN VINCENTE RD  
520  
LOS ANGELES, CA 90049**

**60045974**



2. Principal Place of Business - No P.O. Box #  
**11611 San Vicente Blvd.**  
Suite, Apt., #, etc.  
**520**

3. Mailing Address  
**11611 San Vicente Blvd.**  
Suite, Apt., #, etc.  
**520**

07082008 Chg-LLC CR2E083 (12/06)

City & State  
**Los Angeles, CA**  
Zip  
**90049-6505** Country  
**USA**

City & State  
**Los Angeles, CA**  
Zip  
**90049-6505** Country  
**USA**

4. FEI Number  
**95-4882281** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AUERBACH, JAY E ESQ.  
2338 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
YORK, DAVID  
11611 SAN VINCENTE BLVD STE 520  
LOS ANGELES, CA 90049** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**Vicente - Please correct street spelling - remainder okay**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** **David York - July 7, 2008 (310) 442-1460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #