


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90005 050 ****50.00

DOCUMENT # L03000028376 1. Entity Name UNIT 44-2 THE CROSSINGS, LLC																																															
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131																																												
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																												
4. FEI Number 57-1181284			Applied For <input type="checkbox"/> Not Applicable																																												
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			01082004 Chg-LLC CR2E083 (10/03)																																												
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Transglobal Corp Admin LLC 520 Brickell Key Dr. Suite 0-305 Miami FL 33131																																												
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: <i>[Signature]</i> DATE: 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;">MGR MANDINI, VITTORIO 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANDINI, VITTORIO 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Vittorio Mandini</i> <i>Vittorio Mandini</i> DATE: 4/20/04 (305) 3743800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															

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