2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000008108

1. Entity Name
WILLOUGHBY CROSSROADS, LLC

Principal Place of Business	Mailing Address
819 SOUTH FEDERAL HWY. SUITE 200 STUART, FL 34994	P. O. BOX 899 STUART, FL 34995

DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number 65-1121527	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, JAMES C
819 SOUTH FEDERAL HWY.
SUITE 200
STUART, FL 34994

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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_____
    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000804417
02/05/08-80067-019 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MORGAN, JAMES C
STREET ADDRESS	819 SOUTH FEDERAL HWY., SUITE 200
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   1-25-08   772 28 6646
    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #