

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009669

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** CAGAN CROSSINGS UNIT TWO, L.L.C.

**Current Principal Place of Business:**

16554 CROSSINGS BLVD., SUITE 4  
CLERMONT, FL 34711

**New Principal Place of Business:**

16554 CROSSINGS BLVD., SUITE 4  
CLERMONT, FL 34714

**Current Mailing Address:**

16554 CROSSINGS BLVD., SUITE 4  
CLERMONT, FL 34711

**New Mailing Address:**

16554 CROSSINGS BLVD., SUITE 4  
CLERMONT, FL 34714

**FEI Number:** 20-0206428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAS, WILLIAM J P.A.  
2215 RIVER BLVD.  
JACKSONVILLE, FL 32204 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: MGRM  
Name: CAGAN CROSSINGS, LTD.  
Address: 3856 OAKTON STREET  
City-St-Zip: SKOKIE, IL 60076

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: CAGAN CROSSINGS, LTD.

MGRM

02/15/2010

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