


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90110 027 ****50.00

DOCUMENT # L02000007909			
1. Entity Name CROSSWINDS AT COUNTYLINE, LLC			
Principal Place of Business 5525 SW 41ST ST PEMBROKE PARK FL 33023		Mailing Address 2677 N.W. 46TH STREET BOCA RATON FL 33434	
2. Principal Place of Business		3. Mailing Address 5525 SW 41ST ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT #125	
City & State		City & State PEMBROKE PARK, FL	
Zip	Country	Zip	Country
33023	USA	33023	USA



MOORE CR2E083 (11/03)

4. FEI Number 04-3679514		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSEN, FRANK 2677 NW 46TH ST BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name FRANK ROSEN Street Address (P.O. Box Number is Not Acceptable) 5525 SW 41ST ST APT #125 City PEMBROKE PARK FL Zip Code 33023	
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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 Frank Rosen **FRANK ROSEN - MANAGING MEMBER 1/26/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, FRANK 2677 N.W. 46TH STREET BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANK ROSEN 5525 SW 41ST ST APT #125 PEMBROKE PARK FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank Rosen **FRANK ROSEN** 1/26/04 **954 347 4678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #