

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007991

FILED  
Feb 01, 2006  
Secretary of State

**Entity Name:** CROSSROADS DISTRIBUTION COMPANY, LLC

**Current Principal Place of Business:**

280 W. CANTON AVE., STE 330  
WINTER PARK, FL 32789

**New Principal Place of Business:**

280 W. CANTON AVENUE  
SUITE 110  
WINTER PARK, FL 32789

**Current Mailing Address:**

280 W. CANTON AVE., STE 330  
WINTER PARK, FL 32789

**New Mailing Address:**

280 W. CANTON AVENUE  
SUITE 110  
WINTER PARK, FL 32789

**FEI Number:** 02-0578608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORCHECK, MICHAEL  
280 W. CANTON AVE., STE 330  
WINTER PARK, FL 32789 US

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

BORCHECK, MICHAEL  
280 W. CANTON AVENUE  
SUITE 110  
WINTER PARK, FL 32789 US

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:

02/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BORCHECK, MICHAEL  
Address: 280 W. CANTON AVE., STE 330  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BORCHECK, MICHAEL  
Address: 280 W. CANTON AVE., STE 110  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL BORCHECK

MGRM

02/01/2006

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