


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90131 008 ****55.00

DOCUMENT # L03000005536					
1. Entity Name TAMPA CROSSROADS ENTERPRISES, LLC					
Principal Place of Business 5120 N. NEBRASKA AVENUE TAMPA, FL 33603			Mailing Address 5120 N. NEBRASKA AVENUE TAMPA, FL 33603		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-8445441	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Kemp, Patricia GISENDANNER, BUDDY 1726 E 7TH AVENUE 5118 SEMINOLE AVE. TAMPA, FL 33605				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Patricia Kemp</i>				DATE 1-11-05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISENDANNER, B.			NAME	
STREET ADDRESS	1726 E 7TH AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33605			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, PAT			NAME	
STREET ADDRESS	5118 SEMINOLE AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33603			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKEL, DAVE			NAME	
STREET ADDRESS	2404 JEFFERSON			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. MARTINEZ JR.			NAME	
STREET ADDRESS	COURTHOUSE ATTNEK - 5TH Floor			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report is true and accurate and that my signature shall have the same legal effect as limited liability company or the receiver or trustee empowered to execute this report as required by C					
SIGNATURE: <i>Sandra Romero</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPR					

Need Changes
see to

Sandy