

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90133 045 ***138.75

DOCUMENT # L03000029282 1. Entity Name CROSSWAY ROAD, LLC			
Principal Place of Business 1205 EQUESTRIAN WAY TALLAHASSEE, FL 32312		Mailing Address 1205 EQUESTRIAN WAY TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 1302 Pine Oak Plantation Suite, Apt. #, etc.		3. Mailing Address 1302 Pine Oak Plantation Suite, Apt. #, etc.	
City & State Tallahassee FL Zip 32312		City & State Tallahassee FL Zip 32312	
4. FEI Number 52-2403552		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 HETTINGER, MIKE 1205 EQUESTRIAN WAY TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Mike Plaster Street Address (P.O. Box Number is Not Acceptable) 1302 Pine Oak Plantation Rd City Tallahassee FL Zip Code 32312	
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 MIKE PLASTER <i>Mike Plaster</i> 2/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME HETTINGER, MIKE	<input type="checkbox"/> Delete	
STREET ADDRESS 1205 EQUESTRIAN WAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MIKE PLASTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 1302 Pine Oak Plantation Rd	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Tallahassee FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MIKE PLASTER	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1302 Pine Oak Plantation Rd	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Tallahassee FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Mike Plaster</i>		Date 2/7/08 850 561-1559	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			