

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029322

FILED
Jul 08, 2005
Secretary of State

Entity Name: CROSS ROADS BUILDERS, LLC

Current Principal Place of Business:

310 S. DILLARD ST. STE. 100
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

310 S. DILLARD ST. STE. 100
WINTER GARDEN, FL 34787

New Mailing Address:

CROSS ROADS BUILDERS,LLC C/O CONTE CONSTR
P.O. BOX 380
OCOOEE, FL 34761

FEI Number: 20-0151418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ASMA, WILLIAM N P.A.
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 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: MGR () Delete
Name: CONTE, RALPH
Address: 310 S. DILLARD ST. STE. 100
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: GABLE, ARIAIL
Address: 310 S. DILLARD ST. STE. 100
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH M. CONTE

MR.

07/08/2005

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