

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90253 035 ****50.00

DOCUMENT # L04000003540					
1. Entity Name CROSSROADS DEVELOPMENT GROUP, LLC					
Principal Place of Business 3885 20TH STREET, STE. 201 VERO BEACH, FL 32960			Mailing Address P.O. BOX 5200 VERO BEACH, FL 32961 US		
2. Principal Place of Business - No P.O. Box # 1970 - 122 nd Avenue		3. Mailing Address 1970 - 122 nd Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 20-0478409	
Zip 32966		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, CHAD 750 LAKE DRIVE VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name: <u>Bynum, J. Kevin</u> Street Address (P.O. Box Number is Not Acceptable): 1970 - 122 nd Avenue City: <u>Vero Beach</u> FL <u>32966</u>			
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: <u>Kevin Bynum</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>5/1/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME KELLY, CHAD STREET ADDRESS P.O. BOX 5200 CITY-ST-ZIP VERO BEACH, FL 32961	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME Lawrence, Gaylon STREET ADDRESS 1970 - 122 nd Avenue CITY-ST-ZIP Vero Beach, FL 32966	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME BYNUM, J. KEVIN STREET ADDRESS 1970 122ND AVE. CITY-ST-ZIP VERO BEACH, FL 32966	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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 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: <u>Kevin Bynum</u> DATE: <u>5/1/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					