


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90109 030 ****50.00

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| DOCUMENT # L04000008830 |  |
| 1. Entity Name BANNERMAN CROSSINGS LLC | |

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| Principal Place of Business 3399 PGA BOULEVARD SUITE 450 PALM BEACH GARDENS, FL 33410 | Mailing Address 3399 PGA BOULEVARD SUITE 450 PALM BEACH GARDENS, FL 33410 |
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| 2. Principal Place of Business - No P.O. Box # 1625 SUMMIT LAKE DR STE 229 TALLAHASSEE, FL 32317 | 3. Mailing Address 1625 SUMMIT LAKE DR STE 229 TALLAHASSEE, FL 32317 |
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04242007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-0675308 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BOULEVARD SUITE 450 PALM BEACH GARDENS, FL 33410 | 7. Name and Address of New Registered Agent HARRIS, FRED F JR. 101 EAST COLLEGE AVE TALLAHASSEE, FL 32301 |
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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.

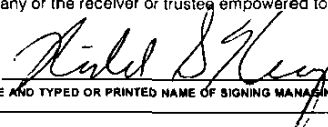
SIGNATURE  DATE **4/30/2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | MGR BANNERMAN EQUITIES, L.L.C. 3399 PGA BOULEVARD SUITE 450 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TERRA VISTA 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317 <input checked="" 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 |
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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:  DATE **4/26/2007** DAYTIME PHONE # **850-219-5221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE