

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90183 032 \*\*\*138.75

60022265



04082008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000021437</b> 1. Entity Name <b>SEBASTIAN RIVER CROSSINGS, LLC</b>																																																																																																																	
Principal Place of Business <b>3696 N. FEDERAL HIGHWAY, STE. 203 FT. LAUDERDALE, FL 33308</b>			Mailing Address <b>3696 N. FEDERAL HIGHWAY, STE. 203 FT. LAUDERDALE, FL 33308</b>																																																																																																														
2. Principal Place of Business - No P.O. Box # <b>2805 Oakland Park Blvd.</b> Suite, Apt. #, etc. <b>#344</b>		3. Mailing Address <b>2805 Oakland Park Blvd.</b> Suite, Apt. #, etc. <b>#344</b>		4. FEI Number <b>06-1722585</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																													
City & State <b>Fort Lauderdale, FL</b> Zip Country <b>33306 U.S.A.</b>		City & State <b>Fort Lauderdale, FL</b> Zip Country <b>33306 U.S.A.</b>																																																																																																															
6. Name and Address of Current Registered Agent <b>PIOTRKOWSKI, JOEL S ESQ 317 - 71ST STREET MIAMI BEACH, FL 33141</b>						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARKOFKY, STANLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3696 N. FEDERAL HIGHWAY, STE. 203</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT. LAUDERDALE, FL 33308</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ACKERMAN, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7331 OFFICE PARK PLACE, BLDG A, STE 400</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VIERA, FL 32940</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARKOFKY, STANLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2805 OAKLAND PARK BLVD., #344</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FOOT LAUDERDALE, FL 33306</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MARKOFKY, STANLEY		STREET ADDRESS	3696 N. FEDERAL HIGHWAY, STE. 203		CITY - ST - ZIP	FT. LAUDERDALE, FL 33308		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ACKERMAN, MARK		STREET ADDRESS	7331 OFFICE PARK PLACE, BLDG A, STE 400		CITY - ST - ZIP	VIERA, FL 32940		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MARKOFKY, STANLEY		STREET ADDRESS	2805 OAKLAND PARK BLVD., #344		CITY - ST - ZIP	FOOT LAUDERDALE, FL 33306		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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.																																																																																																																	
<b>SIGNATURE:</b> _____ <b>4/9/08 954-567-5161</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <div style="text-align: center; margin-top: 10px;"> <i>Stanley Markofsky, managing member</i> </div>																																																																																																																	