

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90058 029 ****50.00

DOCUMENT # L04000025438

1. Entity Name
CROSSROADS GROUP, L.L.C.



Principal Place of Business
20317 MONTEVERDI CIRCLE
BOCA RATON, FL 33498

Mailing Address
20317 MONTEVERDI CIRCLE
BOCA RATON, FL 33498

20004022



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01152005 Chg-LLC CR2E083 (10/03)

City & State

4. FEJ Number
68-0585584 Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ONTANO, RAUL H
20317 MONTEVERDI CIRCLE
BOCA RATON, FL 33498

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **ONTANO, RAUL H**
 STREET ADDRESS **20317 MONTEVERDI CIRCLE**
 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Delete
 NAME **ONTANO, JULIA E**
 STREET ADDRESS **20317 MONTEVERDI CIRCLE**
 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] Date: 1/17/05 Daytime Phone #: (561)488-0577