2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000025438

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



FILED May 01, 2006 08:00 A **Secretary of State**

Principal Place of Business

20317 MONTEVERDI CIRCLE BOCA RATON, FL 33498

Mailing Address

20317 MONTEVERDI CIRCLE BOCA RATON, FL 33498



04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 68-0585584 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

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

SIGNATURE:

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4-12-06

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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered A			Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ONTANO, RAUL H 20317 MONTEVERDI CIRCLE BOCA RATON, FL 33498			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ONTANO, JULIA E 20317 MONTEVERDI CIRCLE BOCA RATON, FL 33498			U00000549579 05/13/06-80024-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-71P				

11. I hereby certify that the information supplied with this filling 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.

JULIA E. ONTANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE