

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90028 039 \*\*\*\*55.00

<b>DOCUMENT # L04000025695</b>					
<b>1. Entity Name</b> OVIEDO CROSSROADS I, LLC					
<b>Principal Place of Business</b> 1652 MARKHAM WOODS ROAD LONGWOOD, FL 32779			<b>Mailing Address</b> 1652 MARKHAM WOODS ROAD LONGWOOD, FL 32779		
<b>2. Principal Place of Business</b> 400 High Point Dr.		<b>3. Mailing Address</b> 400 High Point Dr.			
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500			
City & State Cocoa, FL		City & State Cocoa, FL			
Zip 32926		Country USA		04142005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number 20-0959984		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
INTRASTATE REGISTERED AGENT CORPORATION 200 S. ORANGE AVENUE, SUITE 2600 ORLANDO, FL 32801			Name <b>S&amp;S Enterprises, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) 400 High Point Drive Suite 500 City <b>Cocoa</b> <b>FL</b> Zip Code <b>32926</b>		
<b>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.</b>					
SIGNATURE		<b>T.A. Vani, President</b>		<b>4/14/05</b>	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete <b>S&amp;S Enterprises, Inc.</b> 400 High Point Dr., Suite 500 Cocoa, FL 32926		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete <b>OCR-EDS, Inc.</b> 1652 Markham Woods Rd. Longwood, FL 32779		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	
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	
<b>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.</b>					
<b>SIGNATURE:</b>		<b>T.A. Vani</b>		<b>4/14/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	