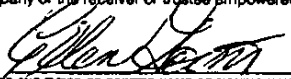


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2005 8:00 am
Secretary of State

05-02-2005 90084 047 ****55.00

DOCUMENT # L04000052152 1. Entity Name ARMSTRONG BAY CROSSROADS DEVELOPMENT, LLC					
Principal Place of Business 13801 NORTH DALE MABRY HIGHWAY, SUITE 200 TAMPA, FL 33618			Mailing Address 13801 NORTH DALE MABRY HIGHWAY, SUITE 200 TAMPA, FL 33618		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03022005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 55-0879165				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOINS, ALLEN C/O AG ARMSTRONG DEVELOPMENT, LLC 13801 NORTH DALE MABRY HIGHWAY, SUITE 200 TAMPA, FL 33618			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GOINS, ALLEN 13801 NORTH DALE MABRY HIGHWAY, SUITE 200 TAMPA, FL 33618	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, KIRBY J ONE ARMSTRONG PLACE BUTLER, PA 16001	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEDWICK, DRU A ONE ARMSTRONG PLACE BUTLER, PA 16001	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMIESON, DAVID R ONE ARMSTRONG PLACE BUTLER, PA 16001	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jamieson, David R One Armstrong Place Butler, PA 16001 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  813 265 4500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					