

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052152

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ARMSTRONG BAY CROSSROADS DEVELOPMENT, LLC

## Current Principal Place of Business:

13801 NORTH DALE MABRY HIGHWAY  
SUITE 200  
TAMPA, FL 33618

## New Principal Place of Business:

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

## Current Mailing Address:

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

## New Mailing Address:

FEI Number: 55-0879165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.  
C/O AG ARMSTRONG DEVELOPMENT, LLC  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

NATIONAL REGISTERED AGENTS, INC.  
2731 EXECUTIVE PARK DR  
SUITE 4  
WESTON, FL 33331 US

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.

SIGNATURE:

04/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GOINS, ALLEN  
Address: 13801 NORTH DALE MABRY HIGHWAY, SUITE 200  
City-St-Zip: TAMPA, FL 33618

Title: MGR ( ) Delete  
Name: CAMPBELL, KIRBY J  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR ( ) Delete  
Name: SEDWICK, DRU A  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR ( ) Delete  
Name: CIPOLETTI, BRYAN  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGRM ( ) Delete  
Name: AG ARMSTRONG DEVELOPMENT, LLC  
Address: 13801 N DALE MABRY HWY, SUITE 200  
City-St-Zip: TAMPA, FL 33618

Title: MGRM (X) Delete  
Name: ARMSTRONG FLORDIA REALTY HOLDING, LLC  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BALDWIN, GREGG W  
Address: 13801 NORTH DALE MABRY HIGHWAY, SUITE 200  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DRU A SEDWICK

MGR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date