

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055632

Entity Name: CROSSVISTA LLC

FILED  
May 30, 2006  
Secretary of State

## Current Principal Place of Business:

1220 NORTH MARKET STREET, SUITE 808  
WILMINGTON, DE 19801

## New Principal Place of Business:

LA CONNELLERIE SARK VIA GUERNSEY  
CHANNEL ISLAND, GY9OSF, XX GY9OSF XX

## Current Mailing Address:

1220 NORTH MARKET STREET, SUITE 808  
WILMINGTON, DE 19801

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SOUTHERN, SHAUN  
Address: LA CONNELLERIE SARK VIA GUERNSEY  
City-St-Zip: CHANNEL ISLAND, GY9OSF,

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SOUTHERN, SHAUN  
Address: LA CONNELLERIE SARK VIA GUERNSEY  
City-St-Zip: CHANNEL ISLAND, GY9OSF, XX 000000 XX

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET M CARUCCIO, ON BEHALF OF MEMBER MGRM 05/30/2006

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