

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057755

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** CROSSWELL ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

9200 SOUTH DADELAND BLVD., SUITE 404  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL SCHIFFRIN  
9130 SOUTH DADELAND BLVD., SUITE 1109  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 20-1598231      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHIFFRIN, MICHAEL  
9130 SOUTH DADELAND BLVD., SUITE 1109  
MIAMI, FL 33156      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/MEMBERS:**

**Title:** MGRM      ( ) Delete  
**Name:** LANS, HECTOR  
**Address:** 9130 SOUTH DADELAND BLVD., SUITE 1109  
**City-St-Zip:** MIAMI, FL 33156

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HECTOR LANS

MGRM

04/26/2005

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