

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010364

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** CROSSROADS COLLATERAL MANAGEMENT FUND, LLC

**Current Principal Place of Business:**

2201 NW CORPORATE BLVD  
#201  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

6800 BROKEN SOUND PARKWAY  
#301  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

2201 NW CORPORATE BLVD  
#201  
BOCA RATON, FL 33431 US

**New Mailing Address:**

6800 BROKEN SOUND PARKWAY  
#301  
BOCA RATON, FL 33487 US

**FEI Number:** 32-2246694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASKIN, LEE A  
2201 NW CORPORATE BLVD  
#201  
BOCA RATON, FL 33431 US

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

HASKIN, LEE A  
6800 BROKEN SOUND PARKWAY  
#301  
BOCA RATON, FL 33487 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:

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HASKIN, LEE A  
Address: 6800 BROKEN SOUND PARKWAY #301  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby 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: LEE HASKIN

MGRM

02/08/2012

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