

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90204 040 \*\*\*\*50.00

<b>DOCUMENT # L05000049936</b> 1. Entity Name <b>CROSSING ONE, L.L.C.</b>					
Principal Place of Business <b>6344 GRAND CYPRESS CIRCLE LAKE WORTH, FL 33463 US</b>			Mailing Address <b>6344 GRAND CYPRESS CIRCLE LAKE WORTH, FL 33463 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2924247</b>	
5. Name and Address of Current Registered Agent  <b>MAC MAHON, DERMOT P 1860 FOREST HILL BOULEVARD #105 WEST PALM BEACH, FL 33406</b>				7. Name and Address of New Registered Agent Name <b>Thomas R. Fellman</b> Street Address (P.O. Box Number is Not Acceptable) <b>6344 Grand cypress cir.</b> <b>Lake worth</b> City <b>FL</b> Zip Code <b>33463</b>	
6. 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 <u>Thomas R. Fellman</u> <b>Thomas R. Fellman</b> <b>3/10/06</b>					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELLMAN, THOMAS R 6344 GRAND CYPRESS CIRCLE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZANN, ROBERT B M.D. 6344 GRAND CYPRESS CIRCLE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Thomas R. Fellman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>3/10/06</b> <b>561 313-4928</b> <small>Date Daytime Phone #</small>	

30003670



03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2924247** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MAC MAHON, DERMOT P  
1860 FOREST HILL BOULEVARD  
#105  
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name **Thomas R. Fellman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6344 Grand cypress cir.**  
**Lake worth**  
 City **FL** Zip Code **33463**

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 Thomas R. Fellman **Thomas R. Fellman** **3/10/06**

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FELLMAN, THOMAS R  
6344 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33463

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
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ZANN, ROBERT B M.D.  
6344 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33463

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SIGNATURE: Thomas R. Fellman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/10/06** **561 313-4928**  
Date Daytime Phone #



ATTACHMENT

30003610

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

CROSSING ONE, L.L.C.  
6344 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33463 US



Subject: **CROSSING ONE, L.L.C.**

Reference Number: **L05000049936**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION