2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000068177

1. Entity Name
CROSSBOW, LLC

Principal Place of Business	Mailing Address
25901 W. COURTNEY ROAD PLAINFIELD, IL 60544 US	25901 W. COURTNEY ROAD PLAINFIELD, IL 60544 US

DO NOT WRITE IN THIS SPACE

03272007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3127679	Not Applicable

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

6. Name and Address of Current Registered Agent

DAVENPORT, DOUGLAS SR.
451 CENTRAL PARK DRIVE
LARGO, FL 33771

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FAIR, JOHN
STREET ADDRESS	25901 W. COURTNEY ROAD
CITY-ST-ZIP	PLAINFIELD, IL 60544
TITLE	MGR
NAME	LAFRANCE, FLOYD R
STREET ADDRESS	3017 ROBERTS DRIVE
CITY-ST-ZIP	WOODRIDGE, IL 60517
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80022-008 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #