

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099858

FILED
Jan 06, 2006
Secretary of State

Entity Name: CROSSROADS COUNSELING CENTER, LLC

Current Principal Place of Business:

8212 MASSACHUSETTES AVE
SUITE A
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8212 MASSACHUSETTES AVE
SUITE A
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HATEN, JOHN E
5018 SCHOOL RD
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

HAFEN, JOHN E
5018 SCHOOL RD
NEW PORT RICHEY, FL 34653 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: JOHN E HAFEN

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HATEN, LINDA
Address: 5018 SCHOOL RD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM () Delete
Name: HATEN, JOHN
Address: 5018 SCHOOL RD
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAFEN, LINDA
Address: 5018 SCHOOL RD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM (X) Change () Addition
Name: HAFEN, JOHN
Address: 5018 SCHOOL RD
City-St-Zip: NEW PORT RICHEY, FL 34653

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: JOHN E HAFEN

MGRM

01/06/2006

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