



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-17-2006 90048 035 ****50.00

| | | | | | |
|--|-------------------------------------|----------------|---|---|--|
| DOCUMENT # L05000117832 | | | |  | |
| 1. Entity Name CROSSLANDER OF PALM BEACH, LLC | | | | | |
| Principal Place of Business 1241 ROEBUCK COURT WEST PALM BEACH, FL 33401 US | | | Mailing Address 1241 ROEBUCK COURT WEST PALM BEACH, FL 33401 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 04072006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent | | | | 4. FEI Number | |
| DELGADO, JACQUELINE 1241 ROEBUCK COURT WEST PALM BEACH, FL 33401 | | | | 20-3916232 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | | | 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 | | | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) | | | | | |
| 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 | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DELGADO, RENE | NAME | | | |
| STREET ADDRESS | 1241 ROEBUCK COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33415 | CITY-ST-ZIP | | | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DELGADO, JACQUELINE | NAME | | | |
| STREET ADDRESS | 1241 ROEBUCK COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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:  | | | | Date: 5/1/06 | |
| SIGNATURE (PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) | | | | Daytime Phone # | |

30008833

