2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State
05-03-2007 90261 009 ***150.00

DOCUMENT # L06000030303
1. Entity Name
CROSSROAD LLC

30010669

05022007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1600 RIVIERA STREET KEY WEST, FL 33040 US	1600 RIVIERA STREET KEY WEST, FL 33040 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4678381 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIDATO, THOMAS J 302 SOUTHARD STREET KEY WEST, FL 33040	Name: Thomas J. DiDato Street Address (P O Box Number is Not Acceptable): 526 Southard Street City: Key West FL Zip Code 33040

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 DiDato 5/2/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	CIOFFI-DIDATO, THERESA C	
STREET ADDRESS	1600 RIVIERA STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	MGRM	☐ Delete
NAME	CLEGHORN, JOSEPH D JR	
STREET ADDRESS	1421 1ST STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Theresa Cioffi DiDato 5/2/07 305-923-6431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #