2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L06000109140

Entity Name: CROSSWIND FLORIDA, LLC

Current Principal Place of Business:

1687 W. GRANADA BLVD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1687 W. GRANADA BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-5894675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE STREET
#185
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

MCCOY, TROY T
255 W WOODHAVEN CIRCLE
ORMOND BEACH, FL 32174 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: TROY T MCCOY 01/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RALEY, JIM
Address: 1687 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: MCCOY, TROY
Address: 1687 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: RALEY, DAWN
Address: 1687 W. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TROY T MCCOY MGR 01/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date