

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90307 034 \*\*\*138.75

<b>DOCUMENT # L07000047783</b> 1. Entity Name <b>CROSSROADS MANAGEMENT, LLC</b>			
Principal Place of Business <del>155 SOUTH MIAMI AVENUE</del> <del>850</del> <b>MIAMI, FL 33131</b>		Mailing Address <del>155 SOUTH MIAMI AVENUE</del> <del>850</del> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>2828 CORAL WAY</b> Suite, Apt. #, etc. <b>500</b>		3. Mailing Address <b>2828 CORAL WAY</b> Suite, Apt. #, etc. <b>500</b>	
City & State <b>MIAMI FL</b> Zip <b>33145</b>		City & State <b>MIAMI, FL</b> Zip <b>33145</b>	
4. FEI Number <b>20-8969994</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02122008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>CARRFOUR SUPPORTIVE HOUSING, INC.</b> <b>155 S. MIAMI AVENUE</b> <b>850</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>CARRFOUR SUPPORTIVE HOUSING</b> Street Address (P.O. Box Number is Not Acceptable) <b>2828 CORAL WAY, SUITE 500</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33145</b>	
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 <i>Stephanie Berman</i> DATE <b>4/7/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRFOUR SUPPORTIVE HOUSING, INC. 155 S. MIAMI AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRFOUR SUPPORTIVE HOUSING, INC. 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARCIA, TERE 155 SOUTH MIAMI AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TERE GARCIA 2828 CORAL WAY, STE 500 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MESSER, JOHN 155 SOUTH MIAMI AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON JOHN MESSER 2828 CORAL WAY, STE 500 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASALE, FRANKLYN 155 SOUTH MIAMI AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANKLYN CASALE 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANNER, STEPHAN 155 SOUTH MIAMI AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHAN DANNER 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERMAN, STEPHANIE 155 SOUTH MIAMI AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHANIE BERMAN 2828 CORAL WAY, SUITE 500 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Stephanie Berman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>4/7/08</b> <small>Date</small>	