

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072090

FILED
Mar 20, 2009
Secretary of State

Entity Name: CROSSWIND MANAGEMENT, LLC

Current Principal Place of Business:

6851 W SUNRISE BLVD
SUITE 140
PLANTATION, FL 33313 US

New Principal Place of Business:

7821 NW 5 PLACE
PLANTATION, FL 33324 US

Current Mailing Address:

6851 W SUNRISE BLVD
SUITE 140
PLANTATION, FL 33313 US

New Mailing Address:

7821 NW 5 PLACE
PLANTATION, FL 33324 US

FEI Number: 26-0514388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARZA, ROBERT M
Address: 6851 W SUNRISE BLVD, SUITE 140
City-St-Zip: PLANTATION, FL 33313 US

Title: MGRM () Delete
Name: WOLFE, TAMI R
Address: 6851 W SUNRISE BLVD, SUITE 140
City-St-Zip: PLANTATION, FL 33313 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARZA, ROBERT M
Address: 7821 NW 5 PLACE
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM (X) Change () Addition
Name: WOLFE, TAMI R
Address: 7821 NW 5 PLACE
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT GARZA

MGR

03/20/2009

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