

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

37. **FILED**
Apr 11, 2008 8:00 am
Secretary of State

03-20-2008 90186 001 ***416.25

DOCUMENT # L07000083744 1. Entity Name FLORIDA CROSSINGS, LLC					
Principal Place of Business 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			Mailing Address 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number Chg-LLC CR2E083 (12/06)				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent NOLAN, MICHAEL J 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOLAN, MICHAEL J 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD S. Giunta 4003 EAST FOWLER AVENUE TAMPA FLORIDA 33617	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <u>Richard S. Giunta</u> <u>4/9/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30003797

