	UNIFORM BUSINESS REPO	DRT (UBR)	APPROVEL AND FILED
DOCUMENT # L9900009195 1. Entity Name			
	NG CROSSINGS LLC		00 MAY -5 PM 12: 25
×			SECRETARY OF STATE TALLAHASSEE, FLORIDA
777 Se	e of Business Mailing Address E GOODMAN COMPANY DUTH FLAGLER DRIVE, SUITE IIDIE ALM BEACH, FL 33401	SAM E	IALLAHASSEE, FLOMBIN
	Vace of Business 3. Mailing Address		
777 S. FLAGLER DRIVE SAME Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
STE. 11 Gity & State	PALMBEACH, FL City & State		4. FEI Number Applied For Not Applicable
^{Zip} 334	401 USA Zip	Country	5. Certificate of Status Desired X \$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent	Neme	7. Name and Address of New Registered Agent
407 777	ITIAM A SHEWALTER HE GOODMAN COMPANY J S. FLAGLER DR, STE 1101E ST PARM BEACH, FL 33401	Name Street Add 77 Su City w	ILLIAM A. S. HEWALTER ress (P.O. Box Number is Not Acceptable) 7 S. FLAGLER DRIVE ITE //D/E EST PAIM REACH FL Zip Code Zip Code SZ401
		- W	USI THUN DEACH
SIGNATURE .	Sign W. MER & PHYSI 1974 OF TO STOKE BY WALL OF THE DO. (NO	TE: Registered Agent signature r	
5		ayable to Departme	
9. 101	MANAGING MEMBERS / MEMBERS	10. TITLE	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOODMAN PROPERTIES, INC. 177 S. FLASLER DE, STE 1101E WEST PALM BEACH, FL 33401	NAME STREET ADDRESS 7	MGR Change & Addition Change & Addition TS FLASLER DE. STE. 1101E EST PARM BEACH, FL 33401 EM Change & Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE M NAME M STREET ADDRESS 7	URRAY H. GOODMAN 17 S. FLASLER DE. STE. 1101E
TITLE		TITLE	JEST PALM BEACH, FL 33401
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	0000032743502 -06/02/0001012024 *****55.00 *****55.00
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
		TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition
 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 			
SIGN. TURE: WILL AND TIPED ON FRINTED NAME OF SIGNING MANAGING MEMBER/OR MANAGER WISIGNATURE AND TIPED ON FRINTED NAME OF SIGNING MANAGING MEMBER/OR MANAGER WISIGNATURE AND TIPED ON FRINTED NAME OF SIGNING MANAGING MEMBER/OR MANAGER Date Daytime Phone #			