

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001456

1. Entity Name
STOMAD CENTERS CROSSWINDS CENTER, LLC



Principal Place of Business
725 CONSHOHOCKEN STATE ROAD
BALA CYNWYD, PA 19004

Mailing Address
725 CONSHOHOCKEN STATE ROAD
BALA CYNWYD, PA 19004



07012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0401588

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STOMAD CENTERS, INC.
STREET ADDRESS	725 CONSHOHOCKEN STATE ROAD
CITY - ST - ZIP	BALA CYNWYD, PA 19004
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/29/05-80003-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #