

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001456

FILED
Mar 07, 2006
Secretary of State

Entity Name: STOMAD CENTERS CROSSWINDS CENTER, LLC

Current Principal Place of Business:

725 CONSHOHOCKEN STATE ROAD
BALA CYNWYD, PA 19004

New Principal Place of Business:

INTERSECTION 66 N & 22ND
ST PETERSBURG, FL 33710

Current Mailing Address:

725 CONSHOHOCKEN STATE ROAD
BALA CYNWYD, PA 19004

New Mailing Address:

FEI Number: 51-0401588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: STOMAD CENTERS, INC.,
Address: 725 CONSHOHOCKEN STATE ROAD
City-St-Zip: BALA CYNWYD, PA 19004

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK S. KRIPKE

VP

03/07/2006

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