

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90028 040 \*\*\*\*55.00

DOCUMENT # M04000001331

1. Entity Name  
OVIEDO CROSSROADS II, LLC



Principal Place of Business, Mailing Address  
1652 MARKHAM WOODS ROAD  
LONGWOOD, FL 32779

20059661



2. Principal Place of Business  
400 High Point Drive

3. Mailing Address  
400 High Point Drive

Suite, Apt. #, etc.  
Suite 500

Suite, Apt. #, etc.  
Suite 500

City & State  
Cocoa, FL

City & State  
Cocoa, FL

01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
~~XXXXXXXXXX~~ 20-0960020

Applied For  
Not Applicable

Zip  
32926

Country  
USA

Zip  
32926

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
200 SOUTH ORANGE AVENUE, SUITE 2600  
ORLANDO, FL 32801

Name  
S&S Enterprises, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
400 High Point Drive  
Suite 500  
City  
Cocoa FL Zip Code  
32926

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

T.A. Vani

4/14/05

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 May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
OVIEDO CORSSROADS, INC.  
1652 MARKHAM WOODS ROAD  
LONGWOOD, FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
S&S Enterprises, Inc.  
400 High Point Drive, Suite 500  
Cocoa, FL 32926 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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)(l), 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:

T.A. Vani

4/14/05

321-636-0200

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

Date

Daytime Phone #