

\$150

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -6 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000066128 1. Entity Name LITHIA CROSSINGS HOLDINGS, INC.			
Principal Place of Business 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610		Mailing Address 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box # 3400 LITHIA PINECREST Suite, Apt. #, etc. ROAD		3. Mailing Address 12570 TELECOM DRIVE Suite, Apt. #, etc.	
City & State VALRHO FL		City & State TEMPLE TERRACE FL	
Zip 33590		Zip 33637	
Country US		Country US	
4. FEI Number 20-1200470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACFARLANE, ELLEN M 400 NORTH TAMPA STREET SUITE 2300 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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMER, GORDON 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12570 Telecom DRIVE Temple Terrace FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, PETER 8302 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12570 Telecom DRIVE Temple Terrace FL 33637
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Gordon Comer, Manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/28/08</u> <small>Daytime Phone #</small>	