## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000072057

1 N. CLEMATIS ST #510

WEST PALM BEACH, FL 33401

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

Entity Nam	ne: CROSSB	OW VENTURE PARTNERS CO	PRP.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
ONE NORTH CLEMATIS STEET SUITE 510					
	EACH, FL 33	3401			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
ONE NORTH CLEMATIS STEET SUITE 510 W. PALM BEACH, FL 33401					
FEI Number:	65-0952124	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD STE 508 MIAMI, FL 33156 US			ONE NORTH CLÉN SUITE 510	EICHENBERGER, RENE P DVP ONE NORTH CLEMATIS STREET SUITE 510 WEST PALM BEACH, FL 33401 US	
The above in the State		submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: RENE P EICHENBERGER				04/13/2009	
Electronic Signature of Registered Agent			t	Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WARNER, STE 1 N. CLEMATIS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EICHENBERGE 1 N. CLEMATIS	•	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	ST ( ) SOTO, RITA F	) Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RENE P EICHENBERGER DVP 04/13/2009