

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90361 039 \*\*\*\*50.00

**DOCUMENT # L02000000392**  
 1. Entity Name  
**CROSS CREEK CAFE, LLC**



Principal Place of Business: **3700 NW 91ST STREET SUITE A-100 GAINESVILLE FL 32606**  
 Mailing Address: **3700 NW 91ST STREET SUITE A-100 GAINESVILLE FL 32606**



MOORE CR2E083 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: **04-3588317**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAUFLER, EUGENE B**  
**3700 NW 91ST STREET**  
**SUITE A-100**  
**GAINESVILLE FL 32606**

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: *Eugene B Hafler Sec Tres*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS		
TITLE: <b>P</b>	<input type="checkbox"/> Delete	
NAME: <b>HAUFLER, EUGENE B</b>		
STREET ADDRESS: <b>3700 NW 91ST STREET #A-100</b>		
CITY-ST-ZIP: <b>GAINESVILLE FL 32606</b>		
TITLE: <b>ST</b>	<input type="checkbox"/> Delete	
NAME: <b>HAUFLER, OSCAR</b>		
STREET ADDRESS: <b>3700 NW 91ST STREET #A-100</b>		
CITY-ST-ZIP: <b>GAINESVILLE FL 32606</b>		
TITLE: <b>VP</b>	<input type="checkbox"/> Delete	
NAME: <b>HAUFLER, E. ROBERT</b>		
STREET ADDRESS: <b>3700 NW 91ST STREET #A-100</b>		
CITY-ST-ZIP: <b>GAINESVILLE FL 32606</b>		
TITLE: _____	<input type="checkbox"/> Delete	
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	<input type="checkbox"/> Delete	
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

10. ADDITIONS / CHANGES		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

*Note change in spelling*

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: *Eugene B Hafler Sec Tres* **4-20-04** **352-376-3336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #