


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 028 ****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**

20028273



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102005 Chg-LLC CR2E083 (10/03)

City & State
 Zip Country

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 **SANDRA H. SONTAG**

Street Address (P.O. Box Number is Not Acceptable)
3700 NW 91 ST SUITE A-100

City **GAINESVILLE** FL Zip Code **32606**

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 *[Signature]* DATE **4/4/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not standing.)

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	OSCAR E. HAUFLER P 3700 NW 91 ST A-100 GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SANDRA H. SONTAG ST 3700 NW 91 ST A-100 GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 606, Florida Statutes.

SIGNATURE: *[Signature]* **Sandra H. Sontag** DATE: **4/4/05** **352**
Signature and typed or printed name of signing managing member, manager, or authorized representative. (NOTE: Registered Agent signature required when not standing.) **376 3336**