


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90452 009 \*\*\*\*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
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2. Principal Place of Business - No P.O. Box # <b>3500 NW 97 Blvd.</b>	3. Mailing Address <b>3500 NW 97 Blvd.</b>
Suite, Apt. #, etc. <b>A</b>	Suite, Apt. #, etc. <b>A</b>



06012007 Chg-LLC CR2E083 (12/06)

City & State <b>GAINESVILLE FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32606</b>	Country <b>USA</b>

4. FEI Number <b>04-3588317</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**SONTAG, SANDRA H**  
**3700 NW 91ST STREET**  
**SUITE A-100**  
**GAINESVILLE, FL 32606**

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HAUFLER, OSCAR E</b> <b>3700 NW 91ST STREET #A-100</b> <b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SONTAG, SANDRA</b> <b>3700 NW 91ST STREET #A-100</b> <b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HAUFLER, E. ROBERT</b> <b>3700 NW 91ST STREET #A-100</b> <b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *Oscar E. Hafler* **OSCAR E. HAUFLER, Pres.** 6/1/07 352-331-3396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #