


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90008 017 ***138.75

DOCUMENT # L02000000392 1. Entity Name CROSS CREEK CAFE, LLC					
Principal Place of Business 3500 NW 97 BLVD SUITE A GAINESVILLE, FL 32606		Mailing Address 3500 NW 97 BLVD SUITE A GAINESVILLE, FL 32606			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3588317	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SONTAG, SANDRA H 3700 NW 91ST STREET SUITE A-100 GAINESVILLE, FL 32606			Name SONTAG SANDRA H Street Address (P.O. Box Number is Not Acceptable) 3500 NW 97 BLVD, SUITE A 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 SANDRA H. SONTAG <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/21/08
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUFLER, OSCAR E 3700 NW 91ST STREET #A-100 GAINESVILLE, FL 32606	<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	ST SONTAG, SANDRA 3700 NW 91ST STREET #A-100 GAINESVILLE, FL 32606	<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	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"/> Change <input type="checkbox"/> Addition	
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	
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. HAUFLER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Oscar E. Haufler		DATE 4/21/08 352-331-3396 <small>Date Daytime Phone #</small>

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