


23

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90056 027 ****50.00

DOCUMENT # L05000075052	
1. Entity Name CROSS CREEK OF POINT MEADOWS, LLC	

Principal Place of Business 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210	Mailing Address 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210
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J0010111

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 26-0129659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
MOORE, SHIRLEY 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	James L. Clemons			NAME			
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Frank McComas			NAME			
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Douglas J. Milne			NAME			
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Derek Prince			NAME			
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Joe H. Milne			NAME			
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: DJMILNE DJMILNE MGRM 4/28/06 904.387.5400

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