

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000167

Entity Name: CROSS LINK, LTD, LLLP

**FILED**  
**Jan 28, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

362 GULF BREEZE PARKWAY  
SUITE 303  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

362 GULF BREEZE PARKWAY  
SUITE 303  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASON, J. M  
362 GULF BREEZE PARKWAY  
SUITE 303  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MASON, JOEL  
Address: 362 GULF BREEZE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: J. M. MASON

GP

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date