2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012732

1. Entity Name
CROSS JAX, LLC

Principal Place of Business	Mailing Address
189 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082	189 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3703169
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE, FL 32250

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000104508
04/06/04-80014-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STOUDEMIRE, JOYCE B
STREET ADDRESS	189 SAN JUAN DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	STOUDEMIRE, CARL E III
STREET ADDRESS	189 SAN JUAN DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	NORWOOD AND JENLEE WEST FAMILY TRUST
STREET ADDRESS	1022 LYNN DRIVE
CITY-ST-ZIP	WAYCROSS, GA 31503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James N. West 4/5/04 912-285-1945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #