
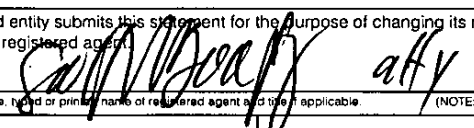
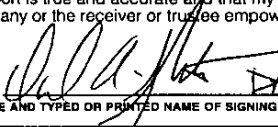


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90020 017 ****50.00

DOCUMENT # L01000016850 1. Entity Name LINDSEY'S CROSSING DEVELOPMENT, LLC					
Principal Place of Business 1031 LA SALLE ST JACKSONVILLE, FL 32207			Mailing Address 1031 LA SALLE ST JACKSONVILLE, FL 32207		
2. Principal Place of Business 6101 Gazebo Park Place N		3. Mailing Address 6101 Gazebo Park Place N			
Suite, Apt. #, etc. Suite 107		Suite, Apt. #, etc. Suite 107			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32257	Country USA	Zip 32257	Country USA	4. FEI Number 02-0554947	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent J. HOWARD SHEFFIELD, P.A. 4209 BAYMEADOWS RD, STE 4 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name SHUFFIELD & BOATRIGHT, P.A. Street Address (P.O. Box Number is Not Acceptable) 6101 GAZEBO PARK PLACE STE 101 City FL Zip Code 32257		
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  atfy DATE 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHACTER, DAVID A 1031 LA SALLE ST JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6101 GAZEBO PARK PLACE STE 101 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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:  DAVID A. SHACTER, MGR 04-28-2005 399-2501 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					