


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022561 1. Entity Name CROSS CREEK ASSOCIATES, LLC	
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Principal Place of Business 1441 MANOTAK AVENUE JACKSONVILLE, FL 32210-0182	Mailing Address 11330-1 ST. JOHNS INDUSTRIAL PKWY. JACKSONVILLE, FL 32246
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-1837810	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HULSEY, JOHN A
11330-1 ST. JOHNS INDUSTRIAL PKWY.
JACKSONVILLE, FL 32246

**DO NOT WRITE
IN THIS SPACE**

B. 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 see if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000067618
02/27/04-80006-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HULSEY, JOHN A 11330-1 ST JOHNS IND PKWY JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELSILA, NEIL E 11330-1 ST JOHNS IND PKWY JACKSONVILLE, FL 32246
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **John A Hulsey** **2-10-4** **904-565-1901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #