


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90003 024 \*\*\*\*50.00

DOCUMENT # L02000021209					
1. Entity Name CROSS-MAN HOLDINGS, LLC					
Principal Place of Business 4849-2 DAWIN ROAD JACKSONVILLE, FL 32207			Mailing Address 4849-2 DAWIN ROAD JACKSONVILLE, FL 32207		
2. Principal Place of Business <i>1539 Silver St.</i>		3. Mailing Address <i>1539 Silver St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville FL</i>			
Zip <i>32206</i> Country <i>USA</i>		Zip <i>32206</i> Country <i>USA</i>			
4. FEI Number 56-2287413				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  NEWMAN, GERALD ANTHONY 4849-2 DAWIN ROAD JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box is Not Acceptable) <i>1539 Silver St.</i> City <i>Jacksonville</i> FL Zip Code <i>32206</i>		
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 <i>Gerald A. Newman</i> MGRM DATE <i>5/3/04</i> <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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSSLEY, STEVEN F 4849-2 DAWIN RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Crossley, Steven F 1539 Silver St. Jacksonville, FL 32206</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN, GERALD 4849-2 DAWIN RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Newman, Gerald 1539 Silver St. Jacksonville, FL 32206</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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	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	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	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: <i>Gerald A. Newman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>5/03/04</i> 904-294-4003 <small>Daytime Phone #</small>		