

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90422 026 \*\*\*\*50.00

**DOCUMENT # L03000001958**

1. Entity Name  
CROSS CREEK REALTY, L.L.C.



Principal Place of Business  
3409 W. COUNTY HIGHWAY 30-A  
SANTA ROSA BEACH, FL 32459 US

Mailing Address  
3409 W. COUNTY HIGHWAY 30-A  
SANTA ROSA BEACH, FL 32459 US

24026024

2. Principal Place of Business  
3754 W. County Hwy 30-A  
Suite, Apt. #, etc.

3. Mailing Address  
3754 W. County Hwy 30-A  
Suite, Apt. #, etc.



03102004 Chg-LLC CR2E083 (10/03)

City & State  
SANTA ROSA Bch FL  
Zip 32459 Country

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SANTA ROSA Bch FL  
Zip 32459 Country

4. FEI Number  
06-1677796  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MCGILL, ROBERT E III.  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN, FL 32541

7. Name and Address of New Registered Agent  
Name  
THOMAS V NOUAK SR  
Street Address (P.O. Box Number is Not Acceptable)  
5524 Mossy Top Way  
City Tallahassee FL Zip Code 32303

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 Thomas V. Nouak Sr. THOMAS V. NOUAK SR 3-10-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JASIN, DAVID A 3409 W. COUNTY HIGHWAY 30-A SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3754 W. Co Hwy 30-A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-MGR DONALD A. CALDWELL 3754 W. Co. Hwy 30A SANTA ROSA BEACH, FL. 32459 <input type="checkbox"/> Change <input checked="" 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"/> 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"/> 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: [Signature] 350 267 3231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #