

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 10 AM 9:58

DOCUMENT # L03000001958

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



Principal Place of Business  
3754 W. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459 US

Mailing Address  
3754 W. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459 US

**DO NOT WRITE IN THIS SPACE**



07222006 No Chg-LLC

CR2E083 (11/05)

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**

NOVAK, THOMAS V SR.  
5524 MESSY TOP WAY  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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 September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JASIN, DAVID A  
3754 W. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRC  
CALDWELL, DONALD A  
3754 W. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400078986184  
08/22/06--01020--011 \*\*\$5.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/1/06 850-267-3231