

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90121 015 ****50.00

DOCUMENT # L03000029576

1. Entity Name
CROSSFIELD TECHNOLOGY, LLC



Principal Place of Business
**7210 WESTPOINTE BLVD.
NO. 1324
ORLANDO, FL 32835**

Mailing Address
**7210 WESTPOINTE BLVD.
NO. 1324
ORLANDO, FL 32835**

24003536



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
30.0195080

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMB, DAVID
2424 CHRISTAMMY COURT
ORLANDO, FL 32835**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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
**MGR
FERGUSON, DENNIS
7210 WESTPOINTE BLVD., #1324
ORLANDO, FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARY MC MILLIAN
7603 MIDPARK COURT
AUSTIN, TEXAS 78750** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVID LAMB
2424 CHRISTAMMY COURT
ORLANDO, FLORIDA 32835** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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: **D. R. Lamb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-15-04

Date

407-491-6929

Daytime Phone #