



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 22 AM 8:27

DOCUMENT # L03000045574 1. Entity Name TREVOR CROSS, LLC	
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Principal Place of Business 61 JUNIPER TRAIL OCALA, FL 34480 US	Mailing Address 61 JUNIPER TRAIL OCALA, FL 34480 US
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2219432	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

CROSS, TREVOR M
61 JUNIPER TRAIL
OCALA, FL 34480

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

900064061609
01/19/06--01027--031 **550.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, TREVOR M 61 JUNIPER TRAIL OCALA, FL 34480
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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)(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:  **12-15-05 352-266-1920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #