


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000000478					
1. Entity Name CROSS CREEK GARDENS, LLC					
Principal Place of Business 2030 SOUTH OCEAN DRIVE, #820 HALLANDALE, FL 33009			Mailing Address 13508 AVALON HEIGHTS BLVD LEASING OFFICE TAMPA, FL 33613		
2. Principal Place of Business		3. Mailing Address 4201 MONTICELLO GARDENS PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA FL		4. FEI Number 20-0553392	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33613		Country		03012006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIOTRKOWSKI, JOEL S ESQUIRE 317-71ST STREET MIAMI BEACH, FL 33141			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REITER, ISAAC 2030 SOUTH OCEAN DRIVE, #820 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400068108204 03/20/06--01022--023 **111.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REITER, DANIEL 5001 EXCELLENCE BLVD TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4201 MONTICELLO GARDENS PL TAMPA FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAKOWSKI, HENRI 10101 COLLINS AVE # 7F BAL HARBOUR, FL 33154	<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	<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	<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	<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 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: _____			3/7/06 3/7/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

FILED
06 MAR 13 11:07
CLERK OF THE COURT
TAMPA, FLORIDA

