

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90020 045 \*\*\*\*50.00

**20004365**



01152006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000021672</b> 1. Entity Name <b>CROSS CITY PINE NEEDLES, LLC</b>					
Principal Place of Business <b>1566 HIGH POINT CHURCH ROAD PAGELAND, SC 29728</b>			Mailing Address <b>1566 HIGH POINT CHURCH ROAD PAGELAND, SC 29728</b>		
2. Principal Place of Business <b>158 HIGH POINT CHURCH RD.</b>		3. Mailing Address <b>158 HIGH POINT CHURCH RD.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PAGELAND, SC</b>		City & State <b>PAGELAND, SC</b>		4. FEI Number <b>20-0942389</b>	
Zip <b>29728</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HODGES, ANNE G CPA 85 NORTHEAST 126TH STREET CROSS CITY, FL 32628</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLYLER, DENNIS M. <input type="checkbox"/> Delete 1566 HIGH POINT CHURCH ROAD PAGELAND, SC 29728			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLYLER, DENNIS M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 158 HIGH POINT CHURCH RD. PAGELAND, SC 29728
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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			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			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			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			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.					
<b>SIGNATURE: <u>Dennis M Plyler</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>1-16-06</b> <small>Date</small>	
				<small>Daytime Phone #</small>	