

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-23-2005 90239 016 ****50.00

DOCUMENT # L04000055713 1. Entity Name CROSSLAKE COVE, LLC					
Principal Place of Business 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547			Mailing Address 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-2007027	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, ROBERT A 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, ROBERT A 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, MARY E 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, MARY E 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, MARY E 1200 CROSSWINDS LANDING FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete			
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: <u>Robert A. Fisher</u> ROBERT A. FISHER 3/15/05 850-862-3600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					