## **2008 LIMITED LIABILITY COMPANY**

## FILED Mar 13, 2008 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCU				03-13-2008	90268 015 ***13	8.75		
1. Entity Naп								
/ LAN	C CROSS PROPERTIES, L					0.004		
Principal Plac	e of Business	Mailing Address	•			6001	4436	
10946 NW 3 Gainesville		10946 NW 31ST PLACE Gainesville, FL 3260						
OTHELDVILLE	., 12 32000	GAMESTICE, TE 0200	v		4 18311814 23	BRIDE BLISS BRISS OBJE ABIS		23L III 1881
	Place of Business - No P.O. Box #	3. Mailing Address						
<b>4744</b> Suite, Apt.		474415 E	_ SR 20	00	1 1880815 811	88581 811W 881H 881H 681H		WWE 411 CWW1
Suite, Apt.	#, <del>U</del> IC.	Suite, Apt. #, etc.		0	2112008	Chg-LLC	CR2E083 (12/06)	
City & Stat	INA BEACH, FL	FERNANDINA R	SEACH, FL	4.	. FEI Numbe 20-2492		<del></del>	plied For t Applicable
32031	Country	<sup>zip</sup> 32034	Country	5.	. Certificate	of Status Desired	55.00 Add	
-	6. Name and Address of Current			7.	Name and	Address of New Re		
MICHAEŁ PHILIP ZAFFARONI				Name MICHAEL PHILIP ZAFFARONI				
10946 NW GAINESVI	Street A	Street Address (P.O. Box Number is Not Acceptable)						
OAIIVESVI	47	4415	E	SR 200	)			
•			City C	ENAN	DIMA	REACH	FL Zip Code	22034
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								and accept
the obligations of registers abents.								
SIGNATURE	Signature, typed or printed name of relistered agent a	nd title if applicable. (NOTE:	Registered Agent signal	ure required wher	n reinstating)		DATE	
FILE	: NOW!!! FEE IS \$138.75					<ul> <li>1. Product.</li> <li>2. Product.</li> <li>3. Product.</li> </ul>	check payable to	Tell many
After May 1, 2008 Fee will be \$538.75						Florida	Department of State	•
9.	MANAGING MEMBE	RS/MANAGERS	10.		i	ADDITIONS/	CHANGES	
TITLE NAME	MGRM MICHAEL PHILIP ZAFFARONI	☐ Detete	TITLE NAME	MGRI	1	2 -5560	Change	☐ Addition
STREET ADDRESS	10946 NW 31ST PLACE		STREET ADDRESS	141CHA (	L PHI	LIP ZAFFAR R 200	(019 T	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	FERNA	NOINA	BEACH, F	<u>L 32034</u>	·
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NAME		□ beiete	NAME				Onlings	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	-			☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	La care de		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
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CFTY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 received or trustee empawered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: V SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING WANAGAG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE