

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90149 032 \*\*\*\*55.00

|                                                                                                                                                                                                                                      |                                                                                              |                                                              |                                                                                                                                                                         |                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000041387</b>                                                                                                                                                                                                       |                                                                                              |                                                              |                                                                                                                                                                         |                                                                   |  |
| <b>1. Entity Name</b><br>CROSBY-STALLINGS, LLC                                                                                                                                                                                       |                                                                                              |                                                              |                                                                                                                                                                         |                                                                   |  |
| <b>Principal Place of Business</b><br>505 AVENUE A, NW, SUITE 306<br>WINTER HAVEN, FL 33881                                                                                                                                          |                                                                                              |                                                              | <b>Mailing Address</b><br>505 AVENUE A, NW, SUITE 306<br>WINTER HAVEN, FL 33881                                                                                         |                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                |                                                                                              | <b>3. Mailing Address</b>                                    |                                                                                                                                                                         |                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                  |                                                                                              | Suite, Apt. #, etc.                                          |                                                                                                                                                                         |                                                                   |  |
| City & State                                                                                                                                                                                                                         |                                                                                              | City & State                                                 |                                                                                                                                                                         |                                                                   |  |
| Zip                                                                                                                                                                                                                                  | Country                                                                                      | Zip                                                          | Country                                                                                                                                                                 |                                                                   |  |
| <b>4. FEI Number</b><br>59-3807841                                                                                                                                                                                                   |                                                                                              |                                                              |                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                     |                                                                                              |                                                              |                                                                                                                                                                         | <b>\$5.00 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CLINE, DEBRA L<br>141 5TH STREET<br>WINTER HAVEN, FL 33883                                                                                                             |                                                                                              |                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                   |  |
| <b>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.</b> |                                                                                              |                                                              |                                                                                                                                                                         |                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                         |                                                                                              |                                                              |                                                                                                                                                                         |                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                  |                                                                                              | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                                                         |                                                                   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>                                                                                                                                                                                                |                                                                                              |                                                              | <b>10. ADDITIONS / CHANGES</b>                                                                                                                                          |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | MANAGING MEMBER<br>BENJAMIN E. CROSBY<br>505 AVE A. NW, # 306<br>WINTER HAVEN, FL 33881-4638 |                                                              | <input type="checkbox"/> Delete                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | MANAGING MEMBER<br>JAMES L. STALLINGS<br>505 AVE A NW, #306<br>WINTER HAVEN, FL 33881-4638   |                                                              | <input type="checkbox"/> Delete                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                              | <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]*

BENJAMIN E. CROSBY

1/25/06