

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041387

**FILED**  
**Feb 16, 2008**  
**Secretary of State**

**Entity Name:** CROSBY-STALLINGS, LLC

**Current Principal Place of Business:**

505 AVENUE A, NW, SUITE 306  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

505 AVENUE A, NW, SUITE 306  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 59-3807841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLINE, DEBRA L  
141 5TH STREET  
WINTER HAVEN, FL 33883 US

**Name and Address of New Registered Agent:**

CROSBY, BENJAMIN E  
505 AVENUE A, N.W., #306  
WINTER HAVEN, FL 33881 US

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.

SIGNATURE: BENJAMIN E. CROSBY

02/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CROSBY, BENJAMIN E  
Address: 505 AVE A. NW #306  
City-St-Zip: WINTER HAVEN, FL 338814638

Title: MGRM ( ) Delete  
Name: STALLINGS, JAMES L  
Address: 505 AVE A NW #306  
City-St-Zip: WINTER HAVEN, FL 338814638

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date