


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90040 031 \*\*\*138.75

DOCUMENT # L05000053296					
1. Entity Name CROSS BAYOU BUSINESS CENTER LLC					
Principal Place of Business 2910 BAY TO BAY SUITE 200 TAMPA, FL 33629			Mailing Address 2910 BAY TO BAY SUITE 200 TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # <u>3410 Henderson Blvd</u>		3. Mailing Address <u>3410 Henderson Blvd</u>			
Suite Apt. #, etc. <u>200</u>		Suite Apt. #, etc. <u>200</u>			
City & State <u>Tampa FL</u>		City & State <u>Tampa FL</u>			
Zip <u>33609</u>		Country <u>USA</u>		Zip <u>33609</u>	
Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  KENNEDY, JOSEPH A 2910 BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629			7. Name and Address of New Registered Agent <u>change</u> Name <u>Joseph Kennedy</u> Street Address (P.O. Box Number is Not Acceptable) <u>3410 Henderson Blvd</u> <u>Suite 200</u> City <u>Tampa</u> FL Zip Code <u>33609</u>		
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, JOSEPH A 2910 BAY TO BAY, SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa FL 33609</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, WILLIAM L 2910 W BAY TO BAY STE 200 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, DAVID A 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3410 Henderson Blvd, #200</u> <u>Tampa, FL 33609</u>		
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.					
SIGNATURE: <u>[Signature]</u>		Date <u>4-23-08</u>		Daytime Phone # <u>813-554-1200</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					