

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060635

Entity Name: CROSSEYED DESIGN, LLC

FILED  
Jan 06, 2006  
Secretary of State

**Current Principal Place of Business:**

1526 BISCAYNE BAY DR.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1526 BISCAYNE BAY DR.  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 20-3677543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JAMES A. NOLAN, P.A.  
4114 HERSCHEL STREET  
105  
JACKSONVILLE, FL 32210 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHARDSON, JOHN Q  
Address: 12453 RICHFIELD BLVD.  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RICHARDSON, JOHN Q  
Address: 1526 BISCAYNE BAY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN Q. RICHARDSON

MGRM

01/06/2006

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