


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000060635</b> 1. Entity Name CROSSEYED DESIGN, LLC	
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Principal Place of Business 1526 BISCAYNE BAY DR. JACKSONVILLE, FL 32218	Mailing Address 1526 BISCAYNE BAY DR. JACKSONVILLE, FL 32218
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC		CR2E083 (11/05)	
4. FEI Number 20-3677543	Applied For	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, JOHN Q 1526 BISCAYNE BAY DRIVE JACKSONVILLE, FL 32218
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U000000639037  
04/19/07-80029-003 50.00

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 606, Florida Statutes.

SIGNATURE:  Date: 4-8-07 Daytime Phone #: (904) 866-2758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE