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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90056 028 ****50.00

DOCUMENT # L05000075051					
1. Entity Name CROSS CREEK OF LEM TURNER, LLC					
Principal Place of Business 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210			Mailing Address 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FF Number 26-0129660	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOORE, SHIRLEY 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James L. Clemons			NAME	
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32210			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank McComas			NAME	
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32210			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas J. Milne			NAME	
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32210			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Derek Prince			NAME	
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32210			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe H. Milne			NAME	
STREET ADDRESS	4595 Lexington Ave			STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32210			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: DSMILNE MGRM 4/28/06 904.387.5400					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



04172006 Chg-LLC CR2E083 (11/05)

\$5.00 Additional
Fee Required