

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000075051

FILED
Sep 02, 2008
Secretary of State

Entity Name: CROSS CREEK OF LEM TURNER, LLC

Current Principal Place of Business:

4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-0129660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, SHIRLEY
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

WELLS, MARIE
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210 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: MARIE WELLS

09/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLEMONS, JAMES L
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: MCCOMAS, FRANK
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: MINE, DOUGLAS J
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: PRINCE, DEREK
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: MINE, JOE H
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

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

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

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

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: JAMES CLEMONS

MGRM

09/02/2008

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