

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90033 006 ****50.00

DOCUMENT # L05000092060

1. Entity Name
CROSS CREEK DEVELOPMENT OF PARRISH, LLC



Principal Place of Business
**714 MANATEE AVENUE EAST
BRADENTON, FL 34208**

Mailing Address
**714 MANATEE AVENUE EAST
BRADENTON, FL 34208**

00001490



2. Principal Place of Business

3. Mailing Address

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number **16-1723985** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, BRITTON H
714 MANATEE AVENUE EAST
BRADENTON, FL 34208**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME **MGRM HEROLD FRANK L** ☐ Delete
STREET ADDRESS **1743 HILLCREST DRIVE**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM WILLIAMS, BRITTON H.** ☐ Delete
STREET ADDRESS **3618 2ND AVENUE W.**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

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

Date

Daytime Phone #

1/13/06

(941) 948-8834