# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# L05000101311

**Entity Name:** CROSS CONTINENT DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

1317 NEW RODGERS ROAD
BRISTOL, PA 19007 US

**New Principal Place of Business:**

**Current Mailing Address:**

1317 NEW RODGERS ROAD
BRISTOL, PA 19007 US

**New Mailing Address:**

**FEI Number: 20-3625068** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

HAUGHN, DOUGLAS P
2960 HARVEST LANE
KISSIMMEE, FL 34744 US

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

HAUGHN, DOUGLAS P
1035 NASH DRIVE
CELEBRATION, FL 34747 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: ______________________ 04/23/2009
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: WALLACE, EDWARD III
Address: 1317 NEW RODGERS ROAD
City-St-Zip: BRISTOL, PA 19007 US

Title: MGR ( ) Delete
Name: WALLACE, EVAN E
Address: 1317 NEW RODGERS ROAD
City-St-Zip: BRISTOL, PA 19007

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: WALLACE, EDWARD III
Address: 9 DECISION WAY EAST
City-St-Zip: WASHINGTON CROSSING, PA 18977 US

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: EDWARD WALLACE III MGR 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date