## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000046063

Address:

City-St-Zip:

Entity Name: CROSS POINTE DEVELOPERS, LLC

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2102 SW 20TH PLACE 2801 SE 1ST AVENUE #303 402 OCALA, FL 34474 OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** P. O. BOX 6978 OCALA, FL 34478 US FEI Number: 20-4807865 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EHLERS, BRIAN E 1803 SE 85TH ST RD OCALA, FL 34480 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete EHLERS, BRIAN E Name: Name: Address: 1803 SE 85TH ST RD Address: City-St-Zip: OCALA, FL 34480 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition DELCHARCO, MANUEL JR. Name: Name: Address: 2801 SE 1ST AVE. #101 Address: City-St-Zip: OCALA, FL 34471 US City-St-Zip: Title: () Delete Title: MGRM ( ) Change (X) Addition Name: DELCHARCO, JOHN Name: 775 32ND AVENUE DR. NW

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.

Address:

City-St-Zip:

HICKORY, NC 28601

SIGNATURE: BRIAN E EHLERS **MRGM** 04/30/2007