

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046063

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CROSS POINTE DEVELOPERS, LLC

## Current Principal Place of Business:

2801 SE 1ST AVENUE  
402  
OCALA, FL 34471 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 6978  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 20-4807865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EHLERS, BRIAN E  
1803 SE 85TH ST RD  
OCALA, FL 34480 US

## Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete  
Name: EHLERS, BRIAN E  
Address: 1803 SE 85TH ST RD  
City-St-Zip: OCALA, FL 34480 US

Title: MGRM ( ) Delete  
Name: DELCHARCO, MANUEL JR.  
Address: 2801 SE 1ST AVE. #101  
City-St-Zip: OCALA, FL 34471 US

Title: MGRM ( ) Delete  
Name: DELCHARCO, JOHN  
Address: 775 32ND AVENUE DR. NW  
City-St-Zip: HICKORY, NC 28601

## 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:

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: BRIAN EHLERS

MGRM

04/30/2008

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