

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046063

FILED
Feb 27, 2009
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

02/27/2009

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