2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L08000003863

Entity Name: CROSS ISLAND TROPICAL ENTERPRISES, LLC

Current Principal Place of Business:

1092 SOUTH RIDGEWOOD AVENUE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

1092 SOUTH RIDGEWOOD AVENUE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 41-2273976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAEFER, KAREN R
1092 SOUTH RIDGEWOOD AVENUE
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

SCHAEFER, KAREN P
1092 SOUTH RIDGEWOOD AVENUE
EDGEWATER, FL 32132 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: KAREN P SCHAEFER 04/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHAEFER, KAREN R
Address: 2581 S. E. WELSH STREET
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: MGRM ( ) Delete
Name: STANFIELD, DIANNE
Address: 1092 SOUTH RIDGEWOOD AVENUE
City-St-Zip: EDGEWATER, FL 32132 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHAEFER, KAREN P
Address: 1092 SOUTH RIDGEWOOD
City-St-Zip: EDGEWATER, FL 32132 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: KAREN P SCHAEFER MGRM 04/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date