2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90056 030 ****50.00

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1. Entity Name
CROSS CREEK BARBEQUE, L.C.

Principal Place of Business	Mailing Address
850 SOUTH LANE AVENUE JACKSONVILLE, FL 32205	6546 MERCEL LANE JACKSONVILLE, FL 32205

04172006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3277137
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DUSS, ROBERT V~~
~~1050 RIVERSIDE AVE.~~
~~JACKSONVILLE, FL 32205~~
MARIE WELLS
4595 LEXINGTON AV
JAX, FL 32210

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marie Wells
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLEMONS, JAMES L
STREET ADDRESS	4538 ORTEGA FOREST DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGem
NAME	Frank McComas
STREET ADDRESS	209 Plantation Circle
CITY-ST-ZIP	Ponte Vedra Beach, Fl 32082
TITLE	MGem
NAME	Douglas J. Milne
STREET ADDRESS	4595 Levington ave
CITY-ST-ZIP	JAX, Fl 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: DJ Milne, DJ MILNE 4/28/06 904.387.5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #