

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000614

FILED
Apr 30, 2009
Secretary of State

Entity Name: CROSS CREEK BARBEQUE, L.C.

Current Principal Place of Business:

850 SOUTH LANE AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4595 LEXINGTON AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3277137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, MARIE
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210 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: CLEMONS, JAMES L
Address: 4538 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: MCCOMAS, FRANK
Address: 209 PLANTATION CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: MILNE, DOUGLAS J
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

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: DOUGLAS MILNE

MGRM

04/30/2009

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