

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 020 \*\*\*\*50.00

**DOCUMENT # M04000003078**

1. Entity Name  
**CROSS CREEK LAKE ESTATES, LLC**



Principal Place of Business  
**1786 WILMINGTON PIKE  
THIRD FLOOR  
GLEN MILLS, PA 19342**

Mailing Address  
**75 WEST BALTIMORE PIKE  
MEDIA, PA 19063**



2. Principal Place of Business

3. Mailing Address

*1786 W. Wilmington Pike*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 300*

04122006 Chg-LLC CR2E083 (11/05)

City & State

City & State

*Glen Mills, PA*

4. FEI Number  
**23-3085821**

Applied For  
Not Applicable

Zip

Country

Zip

Country

*19342*

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

6. Name and Address of Current Registered Agent

**LULICH, STEVEN  
1069 MAIN ST.  
SEBASTIAN, FL 32978**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RUGGIERO DEVELOPMENT GROUP, LLC  
75 WEST BALTIMORE PIKE  
MEDIA, PA 19063**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*1786 W. Wilmington Pike, Suite 300  
Glen Mills PA 19342*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #