


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008390
 1. Entity Name
 123 CREATION STATION, LLC



Principal Place of Business Mailing Address
 1165 E PLANT ST STE 9 1165 E PLANT ST STE 9
 WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE



01142005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 01-0642100 Not Applicable

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

6. Name and Address of Current Registered Agent
 ERIC S. MASHBURN, ESQ
 105 E MAPLE ST.
 WINTER GARDEN, FL 34787

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGR |
| NAME | SHERRON, KAREN L |
| STREET ADDRESS | 617 GLENVIEW DR |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 |
| TITLE | MGR |
| NAME | SHERRON, JEFFREY L |
| STREET ADDRESS | 617 GLENVIEW DR |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 |
| TITLE | MGR |
| NAME | SHERRON, GABRIELLE L |
| STREET ADDRESS | 617 GLENVIEW DR |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 |
| TITLE | MGR |
| NAME | SHERRON, KAREN L |
| STREET ADDRESS | 617 GLENVIEW DR |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

400000210701
 02/02/05-80091-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-29-05 407-877-1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #