


FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 032 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016708			
1. Entry Name 340 HORSECREEK DR, LLC			
Principal Place of Business 1511 KELLIMWOOD CT SUN CITY CENTER, FL 33573		Mailing Address 1511 KELLIMWOOD CT SUN CITY CENTER, FL 33573	
2. Physical Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent BARNETT, SCOTT F 412 E MADISON ST SUITE 900 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: <u>Carolyn T. Dickinson</u> Street Address (P.O. Box Number is Not Acceptable): <u>1511 Kellimwood Ct.</u> City: <u>Sun City Center</u> FL Zip: <u>33573</u>	
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: <u>Carolyn T. Dickinson, MGR. Carolyn T. Dickinson, MGR.</u> DATE: <u>7/19/07</u>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL CHARACTERS	
TITLE: MGR	<input type="checkbox"/> Delet	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DICKINSON FAMILY COMPANY, LLC		NAME:	
STREET ADDRESS: 1511 KELLIMWOOD CT.		STREET ADDRESS:	
CITY-STATE-ZIP: SUN CITY CENTER FL 33573		CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> Delet	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-STATE-ZIP:		CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> Delet	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-STATE-ZIP:		CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> Delet	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-STATE-ZIP:		CITY-STATE-ZIP:	
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. 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 119, Florida Statutes.			
SIGNATURE: <u>Carolyn T. Dickinson</u>		DATE: <u>7/19/07</u> 813-508-5444	
SIGNATURE AND TITLE OF THE INDIVIDUAL BEING REGISTERED AS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	