

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90026 024 ****50.00

DOCUMENT # L02000008390



1. Entity Name
123 CREATION STATION, LLC

Principal Place of Business
**123 FLORIDA AVE
WINTER GARDEN FL 34787**

Mailing Address
**123 FLORIDA AVE
WINTER GARDEN FL 34787**

2. Principal Place of Business

3. Mailing Address
1165 E. PLANT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 9

City & State

City & State
WINTER GARDEN

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip

Country

Zip
FLORIDA

Country

ORANGE

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERIC S. MASHBURN, ESQ
105 E MAPLE ST.
WINTER GARDEN FL 34787**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	SHERRON, KAREN L	SECRETARY	SECRETARY
123 FLORIDA AVE	123 FLORIDA AVE	ADDRESS SAME	ADDRESS SAME
WINTER GARDEN FL 34787	WINTER GARDEN FL 34787		
MGR	SHERRON, JEFFREY L	PRESIDENT	PRESIDENT
617 GLENVIEW DR	617 GLENVIEW DR	ADDRESS SAME	ADDRESS SAME
WINTER GARDEN FL 34787	WINTER GARDEN FL 34787		
MGR	SHERRON, GABRIELLE L	TREASURY	TREASURY
617 GLENVIEW DR	617 GLENVIEW DR	ADDRESS SAME	ADDRESS SAME
WINTER GARDEN FL 34787	WINTER GARDEN FL 34787		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

4-15-03

407-877-1108

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

Date

Daytime Phone #

CR2E083 (10/02)