

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007149

**Entity Name:** PARTNERS OF BLACK CREEK, LLC

**Current Principal Place of Business:**

12 C STREET  
SEACREST, FL 32413

**Current Mailing Address:**

12 C STREET  
SEACREST, FL 32413

**FEI Number:** 84-1670055

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMPSON, RICK  
12 C STREET  
SEACREST, FL 32413 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name THOMPSON, RICK  
Address 12 C STREET  
City-State-Zip: SEACREST FL 32413

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICK THOMPSON

MGR

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date