

2015 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

MANAGING MEMBER

04/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date