

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000099947

**Entity Name:** SHAD CREEK PARTNERS, LLC

**Current Principal Place of Business:**

4540 SOUTHSIDE BOULEVARD  
202  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4540 SOUTHSIDE BOULEVARD  
202  
JACKSONVILLE, FL 32216 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HEEKIN, DAVID J  
4540 SOUTHSIDE BOULEVARD  
202  
JACKSONVILLE, FL 32216 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 MGRM  
Name HEEKIN, DAVID J  
Address 4540 SOUTHSIDE BOULEVARD, SUITE  
202  
City-State-Zip: JACKSONVILLE FL 32216

Title MGRM  
Name HEEKIN, SUSAN E  
Address 4540 SOUTHSIDE BOULEVARD, SUITE  
202  
City-State-Zip: JACKSONVILLE FL 32207

*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:** DAVID J. HEEKIN

**MANAGING MEMBER**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date