

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033088

**Entity Name:** CHRISTOPHER CREEK, LLC**Current Principal Place of Business:**5001 PHILIPS HIGHWAY  
#7-B  
JACKSONVILLE, FL 32207**Current Mailing Address:**5001 PHILIPS HIGHWAY  
#7-B  
JACKSONVILLE, FL 32207 US**FEI Number:** 27-2197961**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRUMMOND, KENNETH  
5001 PHILIPS HIGHWAY  
#7-B  
JACKSONVILLE, FL 32207 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:** KENNETH DRUMMOND

04/21/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name PROPERTY PLANNING, INC.  
Address 5001 PHILIPS HIGHWAY  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT, ASST. SECRETARY  
Name PARSONS, A. T. JR.  
Address 5001 PHILIPS HIGHWAY  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title VP, ASST. SECRETARY, TREASURER  
Name GLEIM, GARRETT W.  
Address 5001 PHILIPS HIGHWAY  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title VP, SECRETARY  
Name DRUMMOND, KENNETH  
Address 5001 PHILIPS HIGHWAY  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER, VP, ASST. TREASURER,  
ASST. SECRETARY  
Name GLEIM, LAWRENCE A.  
Address 5001 PHILIPS HIGHWAY  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER, VP, ASST. SECRETARY  
Name GLEIM, IRVIN N.  
Address 5001 PHILIPS HIGHWAY  
#7-B  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER  
Name GARRETT GLEIM LIVING TRUST  
DATED 12/24/09  
Address 5001 PHILIPS HIGHWAY  
#7-B  
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:** A. T. PARSONS, JR.

PRESIDENT

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date