**FILED** 

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## Sep 17, 2003 8:00 am Secretary of State DOCUMENT # L0000008178 09-17-2003 90011 040 \*\*\*\*50.00 CREEKWOOD SITE, LLC Principal Place of Business Mailing Address 6320 VENTURE DRIVE, SUITE 104 6320 VENTURE DRIVE, SUITE 104 **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1023391 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNOWLES, TIMOTHY A Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVENUE WEST HARLLEE PORGES HAMLIN **BRADENTON FL 34205** City Zip Code 1.) 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, 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 Sill March Lag Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE . TITLE ☐ Change ☐ Addition ☐ Delete OMAN, BOND E NAME NAME STREET ADDRESS P.O. BOX 925 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRENTWOOD TN 37024** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ti Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

9-10-03

☐ Addition