## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L00000008875

1. Entity Name HALDEMAN CREEK ENTERPRISE, LLC



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

375 8TH AVE. SOUTH UNIT E NAPLES, FL 34102

Mailing Address

375 8TH AVE. SOUTH UNIT E NAPLES. FL 34102



## DO NOT WRITE IN THIS SPACE

03252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3661987

Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQUIRE C/O CHEFFY, PASSIDOMO 821 FIFTH AV. SO NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

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8. The above the obliga	named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or t	ooth, in the State of Florida. I am familiar with, and acc	
SIGNATURE.	Signature, typed or printed name of registered agent and tide if applicable.			
Signature, typed or printed name of registered agent and tide it applicable. (NOTE: Registered Agent signature required when reinstating)			100000499 <del>88</del> 04/24/86-80044-019-50.00	
F	iling Fee is \$50.00 ue by May 1, 2006		84/24/86-80044-019-50.00	
9.	MANAGING MEMBERS/MANAGERS		<del></del>	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM MCCARTHY, HARRIET R 375 8TH AVE. SOUTH UNIT E NAPLES, FL 34102		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CATY-ST-ZIP		DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, 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.

NATURE: TO Me Carthy Managing Me waber
SIGNATURE AND TYPED OR PRINTED HAME OF HONING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

9 104 06 239, 430, 9754