

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90063 024 \*\*\*\*50.00

**DOCUMENT # L00000013616**

1. Entity Name  
**CREEKSIDE CENTRE, LLC**



Principal Place of Business  
**11005 N. DALE MABRY  
TAMPA, FL 33618**

Mailing Address  
**11005 N. DALE MABRY  
TAMPA, FL 33618**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3679915**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ANGELO, CHRISTOPHER  
11005 N. DALE MABRY HWY.  
TAMPA, FL 33618**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>DONDY, MICHAEL CPA</b>
STREET ADDRESS	<b>12029 WALNUT DR.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33626</b>
TITLE	<b>MGRM</b>
NAME	<b>BURTON, KENNETH A</b>
STREET ADDRESS	<b>165 CHAPEL ST.</b>
CITY-ST-ZIP	<b>STRATFORD, CT 06614</b>
TITLE	<b>MGRM</b>
NAME	<b>ANGELS, CHRISTOPHER</b>
STREET ADDRESS	<b>4415 CARROLLWOOD VILLAGE DR.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/7/2007**

**269-7315**