

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013616

FILED  
Feb 22, 2011  
Secretary of State

Entity Name: CREEKSIDE CENTRE, LLC

**Current Principal Place of Business:**

11406 N. DALE MABRY  
SUITE C21  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11406 N. DALE MABRY  
SUITE C21  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3679915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGELO, CHRISTOPHER  
11406 N. DALE MABRY HWY.  
SUITE C21  
TAMPA, FL 33618 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DOWDY, MICHAEL CPA  
Address: 12029 WALNUT DR.  
City-St-Zip: TAMPA, FL 33626

Title: MGRM  
Name: ANGELS, CHRISTOPHER  
Address: 4415 CARROLLWOOD VILLAGE DR.  
City-St-Zip: TAMPA, FL 33624

Title: MGRM  
Name: ANGELO, NICKOLAS P  
Address: 14502 NETTLE CREEK  
City-St-Zip: TAMPA, FL 33624

Title: MGRM  
Name: ANGELO, MARIE  
Address: 4312 NORTHPARK  
City-St-Zip: TAMPA, FL 33624

Title: MGRM  
Name: REYNOLDS, HAROLD  
Address: 3704 OKLAHOMA  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTOPHER ANGELO

MGM

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date