

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014393

1. Entity Name

CREEKSIDE MANAGEMENT, L.L.C.

Principal Place of Business

Mailing Address

5769 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33328

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DAVIE FL 33328

FILED  
01 JUL 20 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

2870 Stirling Road  
Suite, Apt. #, etc.  
Ste. 2-A

2870 Stirling Road  
Suite, Apt. #, etc.  
Ste. 2-A

City & State

Hollywood, FLORIDA

City & State

Hollywood, Florida

Zip

33020

Country

FLSA

Zip

33020

Country

USA

4. FEI Number

65-1056763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, NORMAN T ESQUIRE  
50 WEST MASHTA DRIVE, SUITE #2  
KEY BISCAYNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

Make Check Payable to Department of State  
Due By September 26, 2001

100004495371--8

-07/25/01--01045--027

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Partner  
Israel Feit  
2870 Stirling Road Ste 2-A  
Hollywood, FL 33020

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE REQUIRED

7/17/01 954-921-4321

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

Date

Daytime Phone #

CP2E083 (5/01)

00