

May 30 04 12:53p

Spring Forest Office Park 7

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90168 001 ***550.00

DOCUMENT # L01000001354

1. Entity Name

CREEKWOOD EAST CORPORATE PARK, LLC



Principal Place of Business

~~110960 SR 70 EAST~~
~~BRADENTON, FL 34202~~

Mailing Address

~~110960 SR 70 EAST~~
~~BRADENTON, FL 34202~~2840 Manatee Ave E
Bradenton FL 34208

14023916



03242003 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
63-1096315Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent:

OGLES, MARK R
~~440960 SR 70 EAST~~
~~BRADENTON, FL 34202~~2840 Manatee Ave E
Bradenton FL 34208**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 its if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Mark Ogles 6-10-04

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	HOUGH, MARLA
STREET ADDRESS	828 14TH ST W 1771 Manatee Ave W
CITY-ST-ZIP	BRADENTON, FL 34205 Bradenton FL 34205
TITLE	D
NAME	CHUNG, WEN
STREET ADDRESS	4824 FRUITVILLE RD 2750 St. Duney Point Rd
CITY-ST-ZIP	SARASOTA, FL 34232 SARASOTA FL 34231
TITLE	D
NAME	OGLES, MARK
STREET ADDRESS	40960 SR 70 EAST 2840 Manatee Ave E
CITY-ST-ZIP	BRADENTON, FL 34202 Bradenton FL 34208
TITLE	D
NAME	OGLES, CATHERINE
STREET ADDRESS	504 137TH ST E
CITY-ST-ZIP	BRADENTON, FL 34212
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 exemption stated in Section 119.07(3)(b), 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 #

Mark Ogles 6-10-04 941 752 3434