2005 LIMITED LIABILITY COMPANY

Apr 06, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-06-2005 90024 036 ****50.00 **DOCUMENT # L01000001354** CREÉKWOOD EAST CORPORATE PARK, LLC 20027015 Mailing Address Principal Place of Business 2840 MANATEE AVE E 2840 MANATEE AVE E BRADENTON, FL 34208 BRADENTON, FL 34208 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 63-1096315 Not Applicable Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - -6. Name and Address of Current Registered Agent Name WEN CHUNG OGLES, MARK R Street Address (P.O. Box Number is Not Acceptable) 2750 Stickney Point Road 1840 MANATEE AVE E BRADENTON, FL 34208 Sarasota, FL. 34231 City Sarasota 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. WEN CHUNG SIGNATURE Signature, typed or printed name of regis (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. D ☐ Delete TITLE ☐ Change Addition TITLE SCHWANZ, PHILIP HOUGH, MARLA NAME NAME 1771 MANATEE AVE W STREET ADDRESS 7134 Westmoreland Drive STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-7IP Sarasota, FL 34243 ☐ Delete TITLE Change ☐ Addition TITLE CHUNG, WEN NAME NAME STREET ADDRESS 2750 STICHNEY POINT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 TITLE n Delete TITLE ☐ Change ☐ Addition OGLES, MARK NAME NAME STREET ADDRESS 2840 MANATEE AVE E STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE OGLES, CATHERINE NAME NAME STREET ADDRESS STREET ADORESS 504 137TH ST E CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34212 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

WEN CHUNG

ER. MANAGER, OR AUTHORIZED REPRESENTATIVE

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME

FILED

Daytime Phone #