

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012223

Entity Name: ASBEL CREEK, LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

13211-A NEBRASKA AVE N, STE A  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

13211-A NEBRASKA AVE N, STE A  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 59-3736849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREEN, ROBERT  
13211-A NEBRASKA AVE N  
TAMPA, FL 33612 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GREEN, ROBERT  
Address: 11927 PASCO TRAILS BLVD  
City-St-Zip: BROOKSVILLE, FL 34610

Title: VPD ( ) Delete  
Name: DALFINO, JOHN M  
Address: 10019 OUTLAW WAY  
City-St-Zip: LAND O LAKES, FL 34639

Title: STD ( ) Delete  
Name: STEGER, JR, JOHN T  
Address: 18814 HANNA RD  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT GREEN

MGRM

04/29/2005

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