


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

|  |  |                                 |  |  |          |
|--|--|---------------------------------|--|--|----------|
| DOCUMENT # L01000014938  |  |                                 |  |         |          |
| 1. Entity Name<br>ARBOR CREEK, LLC   |  |                                 |  |  |          |
| Principal Place of Business<br>2307 9TH STREET EAST<br>BRADENTON, FL 34208   |  |                                 | Mailing Address<br>2307 9TH STREET EAST<br>BRADENTON, FL 34208 |  |          |
| 2. Principal Place of Business   |  |                                 | 3. Mailing Address   |  |          |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.  |  |          |
| City & State   |  |                                 | City & State   |  |          |
| Zip  | Country  | Zip                             | Country  | 4. FEI Number<br>65-1143953  |          |
|  |  |                                 |  | Applied For<br>Not Applicable  |          |
|  |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |          |
| 6. Name and Address of Current Registered Agent  |  |                                 |  | 7. Name and Address of New Registered Agent  |          |
| KNOWLES, TIMOTHY A ESQ.<br>1205 MANATEE AVE. W.<br>BRADENTON, FL 34203   |  |                                 |  | 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. I am familiar with, and accept the obligations of registered agent.  |  |                                 |  |  |          |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                 |  |  |          |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  |                                 | Make check payable to<br>Florida Department of State           |  |          |
| 9. MANAGING MEMBERS / MANAGERS   |  |                                 |  | 10. ADDITIONS/CHANGES  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>VICKERS, LOREEN<br>8731 FORRESTER DRIVE<br>BRADENTON, FL 34202  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HAYDEN, SHEILA<br>8307 TURNERS GAP ROAD<br>BRADENTON, FL 34203 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |          |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes. |  |                                 |  |  |          |
| SIGNATURE: <i>Koreen Vickers Loreen Vickers</i>  |  |                                 |  | Date: 3/14/06 941-723-9225   |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                 |  | <small>Date Daytime Phone #</small>  |          |



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