

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000017441

FILED
Feb 22, 2002 8:00 AM
Secretary of State

Entity Name: SHILO CREEK, L.L.C.

Current Principal Place of Business:

4090 HODGES BLVD. #1606
JACKSONVILLE, FL 32224

New Principal Place of Business:

12451 WHITE FEATHER DR
JACKSONVILLE, FL 32225

Current Mailing Address:

4090 HODGES BLVD. #1606
JACKSONVILLE, FL 32224

New Mailing Address:

12451 WHITE FEATHER DR
JACKSONVILLE, FL 32225

FEI Number: 59-3749888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1000 WEST AVE., SUITE 1114
MIAMI BEACH, FL 33139 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: MGR () Delete
Name: PENN, JAMES
Address: 4090 HODGES BLVD. #1606
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: PENN, MICHELLE
Address: 4090 HODGES BLVD. #1606
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PENN, JAMES T
Address: 12451 WHITE FEATHER DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR (X) Change () Addition
Name: PENN, MICHELLE
Address: 12451 WHITE FEATHER DR
City-St-Zip: JACKSONVILLE, FL 32225

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: JAMES T. PENN

MGR

02/22/2002

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