

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90001 025 \*\*\*\*50.00

**DOCUMENT # L02000003480**

1. Entity Name  
**TWO CREEK, L.L.C.**



Principal Place of Business  
**13400 SUTTON PARK DR. S., SUITE 1402  
JACKSONVILLE, FL 32224**

Mailing Address  
**13400 SUTTON PARK DR. S., SUITE 1402  
JACKSONVILLE, FL 32224**

**24071526**



04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**02-0547077**

Applied For  
Not Applied

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
KING, ROBERT F  
PO BOX 6429  
JACKSONVILLE, FL 32256**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13400 Sutton Park Dr. S., #1402  
Jacksonville, FL 32224**

☒ Change ☐ Ad

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**mGRM  
MITCHELL R. MONTGOMERY  
13400 Sutton Pk Dr S., #1402  
Jacksonville, FL 32224**

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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.

**SIGNATURE:** *Michael R. Montgomery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-9-04**

**904-821-2121**

Date

Daytime Phone #