

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004016

Entity Name: ENGLISH CREEK LLC

FILED  
Jan 22, 2007  
Secretary of State

## Current Principal Place of Business:

410 N. LAKE SYBILIA DR.  
LAKELAND, FL 32751

## New Principal Place of Business:

410 N. LAKE SYBELIA DR.  
MAITLAND, FL 32751

## Current Mailing Address:

410 N. LAKE SYBILIA DR.  
LAKELAND, FL 32751

## New Mailing Address:

410 N. LAKE SYBELIA DR.  
MAITLAND, FL 32751

FEI Number: 43-1951784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILLMAN, DONALD C  
410 N. LAKE SYBILIA DR.  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

HILLMAN, DONALD C  
410 N. LAKE SYBELIA DR.  
MAITLAND, FL 32751 US

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:

01/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WELLMAN, MARK B  
Address: 1141 DENTON STREET  
City-St-Zip: LAKELAND, FL 33803

Title: MGR ( ) Delete  
Name: HILLMAN, DONALD C  
Address: 410 NORTH LAKE SYBELIA  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES:

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 Chapter 119, 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: DONALD C. HILLMAN

MGR

01/22/2007

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