


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90108 045 ***150.00

DOCUMENT # L02000008767 1. Entity Name EAGLE CREEK PROPERTY MANAGEMENT, L.C.																																																																																																																																																											
Principal Place of Business 14126 WHISPERWOOD DRIVE CLEARWATER FL 33762			Mailing Address 14126 WHISPERWOOD DRIVE CLEARWATER FL 33762																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
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Country		Country		4. FEI Number 03-0444420																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER FL 33764				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td colspan="3" style="width: 60%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARINELLI, FRANK</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14126 WHISPERWOOD DR</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER FL 33762</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td>MGR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARINELLI, PATRICIA</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14126 WHISPERWOOD DR</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER FL 33762</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td>MGR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PORSOLAY, ADAM</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14126 WHISPERWOOD DR</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER FL 33762</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td>MGR <input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PORSOLAY, GIZELLA</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14126 WHISPERWOOD DR</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER FL 33762</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	MARINELLI, FRANK	NAME				STREET ADDRESS	14126 WHISPERWOOD DR	STREET ADDRESS				CITY-ST-ZIP	CLEARWATER FL 33762	CITY-ST-ZIP				TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	MARINELLI, PATRICIA	NAME				STREET ADDRESS	14126 WHISPERWOOD DR	STREET ADDRESS				CITY-ST-ZIP	CLEARWATER FL 33762	CITY-ST-ZIP				TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	PORSOLAY, ADAM	NAME				STREET ADDRESS	14126 WHISPERWOOD DR	STREET ADDRESS				CITY-ST-ZIP	CLEARWATER FL 33762	CITY-ST-ZIP				TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	PORSOLAY, GIZELLA	NAME				STREET ADDRESS	14126 WHISPERWOOD DR	STREET ADDRESS				CITY-ST-ZIP	CLEARWATER FL 33762	CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP			
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																											



MOORE CR2E083 (11/03)

Date

Daytime Phone #