


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000008767 1. Entity Name EAGLE CREEK PROPERTY MANAGEMENT, L.C.	
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Principal Place of Business 14126 WHISPERWOOD DRIVE CLEARWATER, FL 33762	Mailing Address 14126 WHISPERWOOD DRIVE CLEARWATER, FL 33762
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01052007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0444420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINELLI, FRANK 14126 WHISPERWOOD DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINELLI, PATRICIA 14126 WHISPERWOOD DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POROSLAY, ADAM 14126 WHISPERWOOD DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POROSLAY, GIZELLA 14126 WHISPERWOOD DR CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/07-80029-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____