

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM
Secretary of State

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



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0444420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNOR & ASSOCIATES
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FL 33764

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-2008

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MARINELLI, FRANK
STREET ADDRESS 14126 WHISPERWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE MGR
NAME MARINELLI, PATRICIA
STREET ADDRESS 14126 WHISPERWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE MGR
NAME POROSLAY, ADAM
STREET ADDRESS 14126 WHISPERWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE MGR
NAME POROSLAY, GIZELLA
STREET ADDRESS 14126 WHISPERWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/15/08-80094-003 138.75

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 #

1-8-2008