2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L02000009322

1. Entity Name

JERRY'S CREEK, L.L.C.

Principal Place of Business

524 EATON STREET

KEY WEST, FL 33040



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524 EATON STREET KEY WEST, FL 33040

Mailing Address

FILED Jul 24, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

07202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3647561 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQUIRE 2600 DOUGLAS ROAD, PH-8 CORAL GABLES, FL 33134

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
Fil Due I	ling Fee is \$50.00 by September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEPHART, LYNN H 524 EATON STREET KEY WEST, FL 33040		U00000572171 07/25/06-80019-008 50.00
NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, DEBRA S 3401 FLANER AVE KEY WEST, FL 33040		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 eath; 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: SOTT FERDINAND

7 /20 /06 305 294 8719

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

Date

Daytime Phone #