

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90021 002 ****50.00

DOCUMENT # L02000011472

1. Entity Name
BILLY CREEK PROPERTY GROUP, LLC



Principal Place of Business
**5010 N. COOLIDGE AVENUE
TAMPA, FL 33614**

Mailing Address
**5010 N. COOLIDGE AVENUE
TAMPA, FL 33614**

200006789



02022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0680665

16-1684405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
EMERSON, JOHN J
5010 N. COOLIDGE AVE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PRATT, ERIC S
5010 N. COOLIDGE AVE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
EMERSON, GLENN F
5010 COOLIDGE AVE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

MANAGER

2-6-06

Date

Daytime Phone #

877-7591

813-977-82