


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011472</b> 1. Entity Name BILLY CREEK PROPERTY GROUP, LLC	
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Principal Place of Business 5010 N. COOLIDGE AVENUE TAMPA, FL 33614	Mailing Address 5010 N. COOLIDGE AVENUE TAMPA, FL 33614
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01112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1684405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2007**

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
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01/16/07-80045-023 50.00

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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:**  **MANAGER JOHN EMERSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_