

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

02-25-2003 90086 026 ***150.00

DOCUMENT # L02000016594

1. Entity Name

CREEKSIDE PROPERTIES, LLC



Principal Place of Business

Mailing Address

3948 SUNBEAM ROAD, SUITE 2
JACKSONVILLE FL 32257

3948 SUNBEAM ROAD, SUITE 2
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

6971 BUSINESS PARK BLVD
Suite, Apt. #, etc.

6971 BUSINESS PARK BLVD
Suite, Apt. #, etc.

City & State

City & State

JAX, FL

JAX, FL

Zip

Country

Zip

Country

32256

USA

32256

USA

4. FEI Number

Applied For

90-0060945

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDELL, J. MICHAEL ESQ.
12276 SAN JOSE BOULEVARD, SUITE 128
JACKSONVILLE FL 32223

Name
PATRICIA L. ELLINGSON
Street Address (P.O. Box Number is Not Acceptable)

6971 BUSINESS PARK BLVD
City
JAX FL Zip Code
32256

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 PAT ELLINGSON
Signature, typed or printed name of registered agent, and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ELLINGSON, H. RICHARD
3948 SUNBEAM ROAD
JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PAT ELLINGSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/03 268-1100

CR2E083 (10/02)