

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90201 049 ****50.00

DOCUMENT # L02000018059

1. Entity Name

LOST CREEK LLC



Principal Place of Business

8005 BARDMOOR PLACE #202
LARGO FL 33777

Mailing Address

8005 BARDMOOR PLACE #202
LARGO FL 33777

2. Principal Place of Business

6260 Kipps Colony CT S

Suite, Apt. #, etc.

APT 202

City & State

GULFPORT FL

Zip

33707

Country

USA

3. Mailing Address

6260 Kipps Colony CT S

Suite, Apt. #, etc.

APT 202

City & State

GULFPORT FL

Zip

33707

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

55-0790945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEW, JOHN C
150 SECOND AVENUE NORTH STE. 470
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SULLIVAN, DONALD ☐ Delete
STREET ADDRESS 8005 BARDMOOR PLACE, #202
CITY-ST-ZIP LARGO FL 33777

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME SULLIVAN, DONALD
STREET ADDRESS 6260 KIPPS COLONY CT. S. APT. 202
CITY-ST-ZIP GULFPORT, FL 33707

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

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

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

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

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: X

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

Date

Daytime Phone #

02/23/04 727-460-3618