

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018059

Entity Name: LOST CREEK LLC

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

6260 KIPPS COLONY CT S APT 202
SAINT PETERSBURG, FL 33707

New Principal Place of Business:

1700 S. MACDILL AVE.
SUITE 340
TAMPA, FL 33629 US

Current Mailing Address:

6260 KIPPS COLONY CT S APT 202
SAINT PETERSBURG, FL 33707

New Mailing Address:

1700 S. MACDILL AVE.
SUITE 340
TAMPA, FL 33629 US

FEI Number: 55-0790945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SULLIVAN, DONALD
Address: 6260 KIPPS COLONY CT S APT 202
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SULLIVAN, DONALD C
Address: 1700 S. MACDILL AVE. SUITE 340
City-St-Zip: TAMPA, FL 33629 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD C. SULLIVAN

MGR.

04/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date