

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L02000023010 1. Entity Name CREEK CORNER PARTNERS, LLC																													
Principal Place of Business 9428 BAYMEADOWS RD. SUITE 112, JACKSONVILLE, FL 32256			Mailing Address 9428 BAYMEADOWS RD. SUITE 112 JACKSONVILLE, FL 32256																										
2. Principal Place of Business - No P.O. Box # 10739 DEERWOOD PARK BLVD Suite, Apt. #, etc. SUITE 103 City & State JACKSONVILLE, FL Zip 32256		3. Mailing Address 10739 DEERWOOD PARK BLVD. Suite, Apt. #, etc. SUITE 103 City & State JACKSONVILLE, FL Zip 32256		4. FEI Number 61-1425395 Applied For <input type="checkbox"/> Not Applicable																									
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to: Florida Department of State																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MONTGOMERY, LARSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1301 RIVERPLACE BLVD., STE. 2330</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32207</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LADSON MONTGOMERY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10739 DEERWOOD PARK BLVD # 103</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL 32256</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	MONTGOMERY, LARSON		STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 2330		CITY - ST - ZIP	JACKSONVILLE, FL 32207		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LADSON MONTGOMERY		STREET ADDRESS	10739 DEERWOOD PARK BLVD # 103		CITY - ST - ZIP	JACKSONVILLE, FL 32256	
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MGR BEECKLER, THOMAS F 9428 BAYMEADOWS ROAD, STE. 112 JACKSONVILLE, FL 32256			600101796996 05/08/07--01017--005 **100.00																										
MGR GIBSON, FORREST 1301 RIVERPLACE BLVD., STE. 2330 JACKSONVILLE, FL 32256			MGR FORREST GIBSON 10739 DEERWOOD PARK BLVD. # 103 JACKSONVILLE, FL 32256																										
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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:				Date: 4/11/07 Daytime Phone #: 904 399 5222																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													