2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							SERVIN HILLS			
DOCUMENT # L02000027251						A 1	UNISIO PAR	(M) STATE FATION	•	
1. Entity Nam	H CREEK	K, LLC					06 FEB 20	nilu,;		
							50 50	AF1 9: 35		
	e of Business EEF DRIVE, S	HITE C-206	Mailing Address 31 OCEAN REEF DRIVE, SUITE C-206			\				
KEY LARGO,		UTE 0-200	KEY LARGO, FL 33037		0-200					
Principal Place of Business										
31 Oc	ean Re	ef Drive	3. Mailing Address 31 Ocean Reef Drive			X		BOKO WAN 18812 NEBI BUIDI :		
Suite, Apt. Suite	*, etc. C-302	2	Suite C-302			d2032006	Chg-LLC	CR2E083 (11/05)	
City & State Key Largo, FL			City & State Key Largo, FL			4. FEI Numb		⊢ +	opplied For lot Applicable	
^{Zip} 33037		Country US	Zip Country US			5. Certificate	e of Status Desired	S5.00 Ac		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
							saud, P.A			
1320 S. DIXIE HWY #715 CORAL GABLES, FL 33146						eel Address (P.O. Box Number is Not Acceptable) 11 North Krome Avenue				
					Suite 200				·	
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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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
The state of the s										
Filing Fee is \$50.00 Due by May 1, 2006								check payable to Department of Sta	te	
9.		MANAGING MEMBER	 S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR BURKE, JA	AMES E	☐ Delete	TITLE		21	000664	925 ^C	☐ Addition	
STREET ADDRESS		REEF DRIVE, SUITE (NAME C-206 STREE		ET ADDRESS	02/23	000564 8/0601014-	001 **111	1.25	
CITY-ST-ZIP TITLE	KEY LARG	GO, FL 33037		_	-ST-ZIP			Chance	- Addition	
NAME			☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					et address -st-zip					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM! STRE	E Et address					
CITY-ST-ZIP				СПУ	-\$T-ZIP					
TITLE NAME			☐ Delete	FITLE	1			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	NAM STRI				E Et address					
CITY-ST-ZIP					-ST-ZIP					
TITLE NAME			☐ Delete	TITLE	1			☐ Change	☐ Addition	
STREET ADDRESS	STR				ET ADDRESS]	
11. I hereby	certify that the	information supplied with t	his filing does not qualify for	the exer	-ST-ZIP mptions contain	ned in Chapter 119	Florida Statutes. I fur	ther certify that the inf	formation	
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: Jaims & Renke 16/06										
SIGNATURE: SIGNATURE OF SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Design Deptime Proper Design Design Deptime Proper Design Desi										