

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90138 031 ***138.75

DOCUMENT # L03000003432

1. Entity Name
DEER CREEK LODGE, LLC



Principal Place of Business
**C/O COSTA NURSERY FARMS
 22290 SW 162 AVENUE
 GOULDS, FL 33170**

Mailing Address
**C/O COSTA NURSERY FARMS
 22290 SW 162 AVENUE
 GOULDS, FL 33170**

60019870



01212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1344475	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUAREZ, ALBERTO J
 22290 SW 162 AVENUE
 MIAMI, FL 33170**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STULL, TIMOTHY R 22290 SW 162 AVENUE GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JOSE I 22290 SW 162 AVENUE GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, MARIA C 22290 SW 162 AVENUE GOULDS, FL 33170
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: **Jose I. Smith** **1/21/08** **305-247-3248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #