
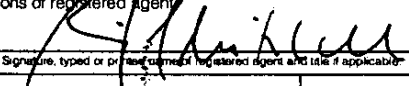
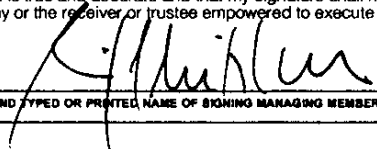


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90152 033 \*\*\*\*50.00

<b>DOCUMENT # L03000003560</b> 1. Entity Name NICHOLS CREEK DEVELOPMENT, LLC					
Principal Place of Business 4315 PABLO OAKS COURT STE. 1 JACKSONVILLE, FL 32224-9667			Mailing Address 4315 PABLO OAKS COURT STE. 1 JACKSONVILLE, FL 32224-9667		
2. Principal Place of Business - No P.O. Box # 1901 Hill Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 41169 Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 04-3738753	
Zip 32202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BUSH, J. TAYLOR 4315 PABLO OAKS COURT STE. 1 JACKSONVILLE, FL 32224-9667			7. Name and Address of New Registered Agent Name Ricky L. Mitchell Street Address (P.O. Box Number is Not Acceptable) 5521 Hyde Grove Ave.  City Jacksonvill FL Zip Code 32210		
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 		R.L. Mitchell, Managing Partner		1/19/2007	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOKES & BUSH PROPERTIES COMPANY, INC. 4315 PABLO OAKS COURT STE. 1 JACKSONVILLE, FL 32224-9667		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR R.L. Mitchell 1901 Hill Street Jacksonville, FL 32202	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		R.L. Mitchell, Managing Partner		904-463-0158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1-19-07		Daytime Phone #	