

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90092 030 ****50.00

DOCUMENT # L03000008746

1. Entity Name
CREEKSIDE ESTATES, L.L.C.



Principal Place of Business
**658 W. INDIANTOWN ROAD
SUITE 211
JUPITER, FL 33458**

Mailing Address
**P.O. BOX 3967
TEQUESTA, FL 33469**

20027621



2. Principal Place of Business
4400 MARSH Landing Blvd

3. Mailing Address
4400 MARSH Landing Blvd

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

03112005 Chg-LLC CR2E083 (10/03)

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
56-2325749

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INGRAM, WILLIAM T
11120 S.E. FEDERAL HIGHWAY
HOBE SOUND, FL 33455**

7. Name and Address of New Registered Agent

Name **ROBERT G. BRUCE**

Street Address (P.O. Box Number is Not Acceptable)
4400 MARSH Landing Blvd

Suite 2

City **Ponte Vedra Beach**

FL

Zip Code
32082

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 **X [Signature]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HELM, JAMES T
P.O. BOX 3967
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HELM, KIM L
P.O. BOX 3967
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT G. BRUCE MGRM ☐ Change ☒ Addition
**4400 MARSH Landing Blvd, Ste 2
Ponte Vedra Beach, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/05

Date

(904) 285-0400

Daytime Phone #