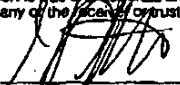


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

05-04-2004 90026 049 ****55.00

DOCUMENT # L03000011027					
1. Entity Name CREEKSIDE MARKETING, LLC					
Principal Place of Business 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714			Mailing Address 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01182004 Chg-LLC CR2E083 (10/03) 4. FEI Number 51-0473308 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRIDGEN, GRADY C III 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete			
NAME	OWEN CONSTRUCTION SERVICES, INC.				
STREET ADDRESS	3093 46TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG, FL 33714				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
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CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Grady C. Pridden III		4-27-04 727-525-1474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	