


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**


04-29-2005 90066 019 \*\*\*\*50.00

<b>DOCUMENT # L03000011027</b>	
1. Entity Name <b>CREEKSIDE MARKETING, LLC</b>	

Principal Place of Business <b>3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714</b>	Mailing Address <b>3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714</b>
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2. Principal Place of Business  Suite, Apt. #, etc. <b>9741 International Court N. St. Petersburg, FL 33716</b>	3. Mailing Address  Suite, Apt. #, etc. <b>9741 International Court N. St. Petersburg, FL 33716</b>
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**14011882**



01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>51-0473308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PRIDGEN, GRADY C III 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714</b>	7. Name and Address of New Registered Agent  Name Street Address (If Not Applicable) <b>9741 International Court N. St. Petersburg, FL 33716</b> City Zip Code
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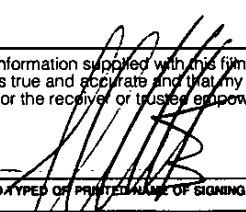
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWEN CONSTRUCTION SERVICES, INC. 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9741 International Court N. St. Petersburg, FL 33716 <input checked="" 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
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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 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:**  **4/18/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #