


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2008 8:00 am
Secretary of State

06-03-2008 90027 003 ***138.75

DOCUMENT # L03000012996		
1. Entity Name NORTH CREEK, LLC		
Principal Place of Business 6222 TOWER LANE SUITE B-3 SARASOTA, FL 34240		Mailing Address 6222 TOWER LANE SUITE B-3 SARASOTA, FL 34240
2. Principal Place of Business - No P.O. Box # 1703 Bayshore Rd		3. Mailing Address 1703 Bayshore Rd
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Nokomis, FL		City & State Nokomis, FL
Zip 34275	Country USA	Zip 34275 Country USA

50006651



05162008 Chg-LLC CR2E083 (12/06)

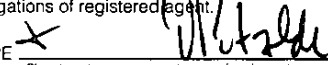
4. FEI Number
86-1080558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PETZOLDT, TODD 6222 TOWER LANE SUITE B-3 SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Todd Petzoldt Street Address (P.O. Box Numbers Not Acceptable) 1703 Bayshore Rd City Nokomis FL Zip Code 34275	
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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  President DATE 5-16-08

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

DATE

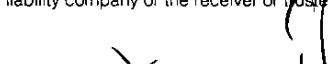
FILE NOW!!! - FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETZOLDT, CURTIS T 1703 BAYSHORE ROAD NOKOMIS, FL 34275 <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	MGRM PETZOLDT, CHRISTI 1703 BAYSHORE ROAD NOKOMIS, FL 34275 <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	MGRM PETZOLDT, SAYLOR L 1703 BAYSHORE ROAD NOKOMIS, FL 34275 <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:  DATE 5-16-08

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

Date

Daytime Phone #