2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000026378

1. Entity Name
CREEK SYSTEMS FRANCHISING, LLC

Principal Place of Business	Mailing Address
4595 LEXINGTON AVE. JACKSONVILLE, FL 32210	4595 LEXINGTON AVE. JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

03172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
56-2408471
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILNE, DOUGLAS J
4595 LEXINGTON AVE.
JACKSONVILLE, FL 32210

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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 _____
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
After May 1, 2008 Fee will be $538.75

U00000943485
05/29/08-80061-015 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	WELLS, MARIE
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marie Wells - MARIE WELLS 4/30/08 904-387-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #