

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027864

FILED
Apr 30, 2004
Secretary of State

Entity Name: DEEP CREEK DEVELOPMENTS I, L.C.

Current Principal Place of Business:

P.O. DRAWER 511447
C/O KACK O. HACKETT II
PUNTA GORDA, FL 339511447

Current Mailing Address:

P.O. DRAWER 511447
C/O KACK O. HACKETT II
PUNTA GORDA, FL 339511447

New Principal Place of Business:

P.O. DRAWER 511447
C/O JACK O. HACKETT II
PUNTA GORDA, FL 339511447

New Mailing Address:

P.O. DRAWER 511447
C/O JACK O. HACKETT II
PUNTA GORDA, FL 339511447

FEI Number: 20-0131132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SW FL. PROPERTY SPEC. IALISTS, LC
Address: 2430 VANDERBILT BEACH RD 108-266
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Change (X) Addition
Name: DOUGLAS, DAVID MR.
Address: 90 SOUTHPORT SEA COVE
City-St-Zip: BONITA SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SW FL PROPERTY SPECIALISTS, LC

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date