

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90366 006 ****50.00

DOCUMENT # L03000029399					
1. Entity Name CREEKSIDE DEVELOPMENT OF VOLUSIA COUNTY, LLC					
Principal Place of Business 1450 N. U.S. HWY. 1, SUITE 700 ORMOND BEACH, FL 32174			Mailing Address 1450 N. U.S. HWY. 1, SUITE 700 ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # 1293 N. US Hwy 1 Suite, Apt. #, etc. STE 3		3. Mailing Address 1293 N. US Hwy 1 Suite, Apt. #, etc. STE 3			
City & State Ormond Beach, FL		City & State Ormond Beach, FL		4. FEI Number 20-0558417	
Zip 32174		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VANACORE, JOSEPH T 1293 N. US HWY 1 SUITE 3 ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANACORE, SCOTT 1450 N US HIGHWAY 1 SUITE 700 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1293 N US Hwy 1 STE 3 Ormond Beach FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANACORE, TODD 1450 N. U.S. HWY. 1, SUITE 700 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1293 N US Hwy 1 STE 3	
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	
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: <i>Joseph T. Vanacore</i> Joseph T. Vanacore 2/9/07 386-672-8285					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					