

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029399

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** CREEKSIDE DEVELOPMENT OF VOLUSIA COUNTY, LLC

**Current Principal Place of Business:**

1293 N US HWY 1  
STE 3  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1293 N US HWY 1  
STE 3  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 20-0558417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANACORE, JOSEPH T  
1293 N. US HWY 1 SUITE 3  
ORMOND BEACH, FL 32174 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANACORE, SCOTT  
Address: 1293 N US HWY 1 STE 3  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: VANACORE, TODD  
Address: 1293 N US HWY 1 STE 3  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VANACORE, JOHN S  
Address: 1293 N US HWY 1 STE 3  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Change ( ) Addition  
Name: VANACORE, JOSEPH T  
Address: 1293 N US HWY 1 STE 3  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH T VANACORE

MGRM

02/12/2009

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