## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000034292

Entity Name: PABLO CREEK RESERVE, L.L.C.

4314 PABLO OAKS CRT

JACKSONVILLE, FL 32224

Address:

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	LO OAKS CT. IVILLE, FL 32224	1		
Current Mailing Address:			New Mailing Address:	
	LO OAKS CT. IVILLE, FL 32224	1		
FEI Number	: 57-1180237	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
50 N. LAU JACKSON The above		2 US	purpose of changing its registere	ed office or registered agent, or both
	e of Florida.			
SIGNATUI	RE:			
	Electronic	Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () D PABLO ROAD DE 4314 PABLO OAK JACKSONVILLE,	VELOPME, NT, LLC S CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	P () D O'STEEN, ROGEF 4314 PABLO OAK JACKSONVILLE,	RM SCRT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V () D FRANCIS, HARRY 4314 PABLO OAK JACKSONVILLE,	D S CRT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	V () D ZAHRA, E. ELLIS		Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: O'STEEN, ROGER M. P 01/06/2009