


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000041911</b><br>1. Entity Name<br>DUG CREEK, LLC |  |
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|--|--|
| Principal Place of Business<br>6402 W. LINEBAUGH AVENUE<br>SUITE A<br>TAMPA, FL 33625 US | Mailing Address<br>6402 W. LINEBAUGH AVENUE<br>SUITE A<br>TAMPA, FL 33625 US |
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01122005No Chg-LLC

CR2E083 (10/03)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>74-3107856 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>DONNA J. FELDMAN, P.A.<br>19321-C US HWY 19 NO.<br>SUITE 103<br>CLEARWATER, FL 33764 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BURCAW DEVELOPMENT GROUP, INC.<br>6402 W. LINEBAUGH AVENUE, STE A<br>TAMPA, FL 33625 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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03/07/05-80021-017 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Laurie Burcaw* 2/24/05 813-882-4815