



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90345 037 \*\*\*\*\*50.00

<b>DOCUMENT # L03000048146</b>			
1. Entity Name <b>COUNTRY CREEK, LLC</b>			
Principal Place of Business <b>11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832</b>		Mailing Address <b>11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RUSSELL, DOULGAS R 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, hand or typed name of registered agent and his/her authorized representative</small>		DATE _____ <small>(MGT): Registered Agent signature required when no state fee</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGR RUSSELL, DOUGLAS R. 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832</b>	
		<b>MGR ALEXANDER, BRITT K. 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832</b>	
		<b>MGR SEBRIST, III ROBERT L. 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832</b>	
		<b>MGR ARTERBURN, JAMES S. <del>11507 NORTH SHORE GOLF CLUB BLVD.</del> ORLANDO, FL 32832</b>	
		<b>MGR HOOKER, MARCUS P. 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.			
SIGNATURE: 		Date: <b>1/25/04</b> 407-243-9861	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	