


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000048146
 1. Entity Name
 COUNTRY CREEK, LLC



Principal Place of Business Mailing Address
 11507 NORTH SHORE GOLF CLUB BLVD. 11507 NORTH SHORE GOLF CLUB BLVD.
 ORLANDO, FL 32832 ORLANDO, FL 32832

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 16-1688512 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUSSELL, DOUGLAS R
 11507 NORTH SHORE GOLF CLUB BLVD.
 ORLANDO, FL 32832

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, BRETT K 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECRIST, ROBERT L III 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTERBURN, JAMES S 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, MARCUS P 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000176112
 01/10/05-80077-017 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 608, Florida Statutes.

SIGNATURE: *Douglas R. Russell* 1/6/05 407-243-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #