


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90045 010 ****50.00

DOCUMENT # L03000048146

1. Entity Name
COUNTRY CREEK, LLC



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

Mailing Address
**11507 NORTH SHORE GOLF CLUB BLVD.
 ORLANDO, FL 32832**

2. Principal Place of Business
5511 HANSEL AVE.
 Suite, Apt. #, etc.

3. Mailing Address
5511 HANSEL AVE.
 Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32809 Country **USA**

Zip
32809 Country **USA**

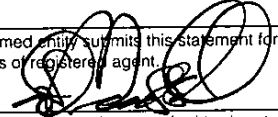


04102006 Chg-LLC CR2E083 (11/05)

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

7. Name and Address of New Registered Agent
 Name **DOUGLAS R. RUSSELL**
 Street Address (P.O. Box Number is Not Acceptable)
5511 HANSEL AVE.
 City **ORLANDO** FL Zip Code **32809**

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  **DOUGLAS R. RUSSELL** DATE **4/10/06**

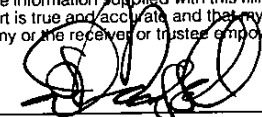
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS RUSSELL 5511 HANSEL AVE. ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, BRETT K 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRETT K. ALEXANDER 1181 VALENCIA AVE. WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECRETIST, ROBERT L III 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT L. SECRETIST, III 5511 HANSEL AVE. ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTERBURN, JAMES S 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES S. ARTERBURN 442 MALLARD CIR. WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOKER, MARCUS P 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARCUS P. HOOKER 5511 HANSEL AVE. ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** DATE **4/10/06** DAYTIME PHONE # **707-509-8484**

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