2008 LIMITED LIABILITY COMPANY-ANNUAL REPORT

DOCUMENT # L03000052024

1. Entity Name

HOLMES CREEK WATER WORKS, LLC



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

160 RAINBOW DRIVE FORT WALTON BEACH, FL 32548 Mailing Address

160 RAINBOW DRIVE

FORT WALTON BEACH, FL 32548



DO NOT WRITE IN THIS SPACE

01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0732869

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHESSER, MICHAEL 1201 EGLIN PARKWAY SHALIMAR, FL 32579

DO NOT WRITE IN THIS SPACE

8. The above the obligation	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or register	red agent, or both, in the State of	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	t when reinstation	DATE
Fill After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	(10 milyanis significant)	·	
9.	MANAGING MEMBERS/MANAGERS		t ,	
NAME STREET ADDRESS CITY-ST-ZP	MGRM HINKLE, MICHAEL L 180 RAINBOW DRIVE FORT WALTON BEACH, FL. 32548		<u>U</u> <u>0</u> 0	000774477 08-80016-012 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/07/	08-80016-012 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			

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: MILLA- 75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IORIZED REPRESENTATIVE

- 4-08

850) 259-5079

Daytene Phone :