
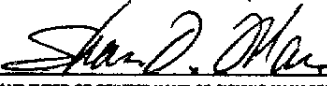


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

| | | |
|--|---|---|
| DOCUMENT # L04000000919 1. Entity Name BILLY CREEK ENTERPRISE, LLC | |  |
| Principal Place of Business 801 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 US | | Mailing Address 801 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MARS, DALE W 801 ROMANO KEY CIRCLE FORT MYERS, FL 33955 | | DO NOT WRITE IN THIS SPACE |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DALE W. MARS TRUSTEE OF DALE W. MARS, TR. 801 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHARON D. MARS, TRUSTEE OF S. D. MARS, TR 801 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  SHARON D. MARS | | 575 222 1/6/2006 239-693-2207 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> |



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0553306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000380063
01/10/06-80048-012 50.00

**DO NOT WRITE
IN THIS SPACE**