2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002800

Name:

Address:

City-St-Zip:

2560 STATE ROAD 16

ST. AUGUSTINE, FL 32092

Entity Name: MILL CREEK ROAD, L.L.C.

FILED Jul 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2560 STATE ROAD 16 ST AUGUSTINE, FL 32092 **Current Mailing Address: New Mailing Address:** 921 SOUTH FORREST CREEK DRIVE ST AUGUSTINE, FL 32092 FEI Number: 20-0581261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, VIJAY 921 SOUTH FORREST CREEK DRIVE ST. AUGUSTINE, FL 32092 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PATEL, VIJAY Name: Name: Address: 921 SOUTH FORREST CREEK DRIVE Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: PATEL, MITA Name: Address: 2560 STATE ROAD 16 Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PATEL, BHARTI Name: Name: 2560 STATE ROAD 16 Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PATEL, DHARMENDRA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: VIJAY PATEL **MGRM** 07/26/2007