## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 22, 2005 8:00 am Secretary of State

ANNUAL REPURI								Secretary of State			
DOCUMENT # L04000023305  1. Entity Name PINE CREEK, L.L.C.								~ 667 66	ury or ~		
Dringinal Plac	a of Rupinos		Maiting Address								
Principal Place of Business Mailing Address 7853 PRESERVATION ROAD 7853 PRESERVATION RO						r. / )	./	,	LORIDA		
TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312					- 1	/ <	h // (		.04		
					- 1,		//		il Balla likan islaa liin liin anaa	1/1281 III (886)	
2. Principal P	lace of Bueir	AGE C	3. Mailing Address		//		,				
7713	N DR	ive					2  E5        10				
Suite, Apt. #, etc.			7131 Nester Drive Suite, Apt. #, etc.			04112005	Chg-LLC	CR2E083 (10/03	1		
									· · · · · · · · · · · · · · · · · · ·		
City & State TA Hahassee, FL			City & State  TA Hahassee, FL				4. FE! Numb	921616	j	Applied For Not Applicable	
Zip		Country	Zip	itry			-	. 05.00			
323	12	·	32371_				5. Certificate	of Status Desired	Fee Requi		
	6. Name	and Address of Current	Registered Agent		NI		7. Name and	d Address of New F	Registered Agent		
COLDEED	C STUA	DT E ESO			Name						
GOLDBERG, STUART E ESQ. 2039 CENTRE POINTE BLVD., SUITE 201					Street Address (P.O. Box Number is Not Acceptable)					<u></u>	
TALLAHASSEE, FL 32308											
					City				FL Zip Co	de	
8. The above	named entit	y submits this statement for	or the purpose of changing it	s register	ed office o	r register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar witl	n, and accept	
the obligat	ions of regist	ered agent.									
SIGNATURE .											
	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signal	ture required	when reinstating)		DATE		
Fi D	iling Fee i ue by Ma	is \$50.00 y 1, 2005							te check payable to a Department of Sta		
9.		MANAGING MEMBE	L ERS/MANAGERS	10.				ADDITIONS	/CHANGES	-	
TITLE	MGRM		☐ Delete	TITL	E	open.	MgR., S,	T, Member	🔀 Change	Addition	
NAME		ROBIN C		NAM				•			
STREET ADDRESS CITY-ST-ZIP	1	(MONT DRIVE SSEE, FL 32303			EET ADDRESS '-St-Zip						
TITLE	MGRM	335E, 1 E 32303	Delete	TITL		MG	RM		Change	Addition	
NAME	i	, MICHAEL A	Letete	NAM		54	ARIO. SA	RIA S.	☐ Gliange	Z Seconion	
STREET ADDRESS	1	SERVATION ROAD		STRI	EET ADDRESS	713	1 Nesters	ORIVE			
CITY-ST-ZIP	TALLAHA	SSEE, FL 32312		CITY	'-ST-ZIP	TAI	llahassy e	FL 32312			
TITLE	MGRM		☐ Delete	TITL	Ε			•	Change	☐ Addition	
NAME	1	TER, GLENN		NAM							
STREET ADDRESS CITY-ST-ZIP	1	COUNTY ROAD 33 IA, AL 36319			EET ADDRESS '-ST-ZIP						
TITLE	COLUMB	IA, AL 303 13	Delete	TITL		<del> </del>			□ Change	L. ☐ Addition	
NAME			LI Detete	NAM			E	000054	1 <b>034506</b> )7005 **5		
STREET ADDRESS					EET ADDRESS		05/	09/050100	J7005 **S	5.00	
CITY-ST-ZIP				City	-ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP				•	EET ADDRESS '-ST-ZIP						
TITLE		•-	☐ Delete	TITL					Change	☐ Addition	
NAME			T Delete	NAM							
STREET ADDRESS					EET ADDRESS						
SITY-ST-ZIP	<u> </u>		<u> </u>		-ST-ZIP						
indicated limited lia	certify that th on this repo bility compa	e information supplied wit rt is true and accurate and ny or the receiver of truste	h this filing does not qualify for d that my signature shall have the empowered to execute this	or the exe the am report a	emption sta e legal effe s required	ited in Se ect as if n by Chap	ection 119.07(3 nade under oat ter 608, Florida	)(i), Florida Statutes. h; that I am a mana Statutes.	I further certify that the ging member or mana	information ger of the	
			.11.						_		
SIGNAT	IIRE. •	_ \ / _	Mu 1.	-601	/L		- 4	1/22/05	933-9	5 <i>338</i>	
JIGIYAI	SIGNATURE	AND TYPED OR PRINTED NAME O	OF SIGNING MANAGING MEMBER, M.	ANAGER, O	R AUTHORIZE	D REPRESE	ENTATIVE	Date	Daytime Phone	, <del>, , , , , , , , , , , , , , , , , , </del>	