


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000024067 1. Entity Name MILLCREEK (TITUSVILLE I), LLC	
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Principal Place of Business 1450 MADRUGA AVENUE 400 CORAL GABLES, FL 33146 US	Mailing Address 1450 MADRUGA AVENUE 400 CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0599300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WINAHORST, KENT A 1450 MADRUGA AVENUE SUITE 400 CORAL GABLES, FL 33146
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**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 _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

000000586804
01/17/07-80008-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROUSE, THOMAS C 1450 MADRUGA AVENUE, SUITE 400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOHLFARTH, RICHARD 1450 MADRUGA AVENUE, SUITE 400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR I P ACQUISITION CORPORATION 1450 MADRUGA AVENUE, SUITE 400 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/14/07 <small>Date</small>	305-466-3629 <small>Daytime Phone #</small>
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