

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024241

1. Entity Name
CREECH ROAD, L.L.C.



FILED
Apr 09, 2007 08:00
Secretary of State

Principal Place of Business
3337 TAMiami TRAIL N.
NAPLES, FL 34103

Mailing Address
3337 TAMiami TRAIL N.
NAPLES, FL 34103



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0862019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, SCOTT M
3337 TAMiami TRAIL N.
NAPLES, FL 34103

**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: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKE, ROBERT F 402 NORTH FALMOUTH HIGHWAY NORTH FALMOUTH, MA 02556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANT, SCOTT M 3337 TAMiami TRAIL N. NAPLES, FL 34103
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04/17/07-80004-023 50.00

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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SCOTT M GRANT, MGR 1-11-07 239-280-5201