2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L04000031950

Entity Name: CREEKWOOD ESTATES, LLC

Current Principal Place of Business:

4014 GUNN HWY, STE 250
TAMPA, FL 33618

New Principal Place of Business:

14824 N FLORIDA AVE
TAMPA, FL 33613

Current Mailing Address:

4014 GUNN HWY, STE 250
TAMPA, FL 33618

New Mailing Address:

14824 N FLORIDA AVE
TAMPA, FL 33613

FEI Number: 03-0542179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, JANA ESQ
ANDRES & LINS, P.A.
711 W. FLETCHER AVE, STE B
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: SKESTOS, GEORGE A
Address: 750 NORTHLAWN DR
City-St-Zip: COLUMBUS, OH 43214

Title: MGRM ( ) Delete
Name: MOBLEY, TIMOTHY F
Address: 4014 GUNN HWY, STE 250
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MOBLEY, TIMOTHY F
Address: 14824 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

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.

SIGNATURE: TIMOTHY F MOBLEY MGRM 01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date