



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:57

DOCUMENT # L04000039534 1. Entity Name CREEKWOOD HOTEL INVESTMENTS, LLC					
Principal Place of Business 20905 69TH AVENUE EAST BRADENTON, FL 34211				Mailing Address 20905 69TH AVENUE EAST BRADENTON, FL 34211	
2. Principal Place of Business <i>2033 Main Street</i>		3. Mailing Address <i>2033 Main Street</i>			
Suite, Apt. #, etc. <i>Suite 600</i>		Suite, Apt. #, etc. <i>Suite 600</i>			
City & State <i>Sarasota, FL</i>		City & State <i>Sarasota, FL</i>			
Zip <i>34237</i>		Zip <i>34237</i>			
Country <i>U.S.</i>		Country <i>U.S.</i>		09062006 Chg-LLC CR2E083 (11/05)	
4. FEI Number NOT APPLICABLE				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 MESSICK, ROBERT E ESQ 2033 MAIN STREET, STE. 600 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 15, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MESSICK, ROBERT E 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CBF Investments, L.L.C. 2033 Main Street, Suite 600 Sarasota, FL 34237	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>9-11-06</i> Daytime Phone #		