

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90512 008 \*\*\*138.75

**DOCUMENT # L04000069072**

1. Entity Name  
SPRING CREEK FARM, LLC



Principal Place of Business  
888 S.E. 3RD AVENUE, SUITE 501  
FT. LAUDERDALE, FL 33316

Mailing Address  
888 S.E. 3RD AVENUE, SUITE 501  
FT. LAUDERDALE, FL 33316

**60043743**



02052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1781558

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FORMAN, MILES A  
888 S.E. 3RD AVENUE, SUITE 501  
FT. LAUDERDALE, FL 33316

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FORMAN, MILES A
STREET ADDRESS	888 S.E. 3RD AVENUE, SUITE 501
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	MGRM
NAME	FORMAN, H. COLLINS
STREET ADDRESS	1323 S.E. 3RD AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	MANAGER
NAME	TIMOTHY FORMAN
STREET ADDRESS	888 SE 3rd Ave, Suite 501
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
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.

**SIGNATURE:** \_\_\_\_\_

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

2-8-08

Date

(954) 763-8111

Daytime Phone #