

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90043 015 ****50.00

DOCUMENT # L04000075901

1. Entity Name
BETHEL CREEK, LLC



Principal Place of Business
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US

Mailing Address
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118 US

DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1777751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SANFORD
444 SEABREEZE BOULEVARD
SUITE 1002
DAYTONA BEACH, FL 32118

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARFIELD, RANDY
STREET ADDRESS	3544 NORTH LAKESHORE DRIVE
CITY-STATE-ZIP	CLEMMONS, NC 27012
TITLE	MGRM
NAME	ANDERSON, GEORGE
STREET ADDRESS	315 NORTH ATLANTIC AVENUE
CITY-STATE-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	MILLER, SANFORD
STREET ADDRESS	444 SEABREEZE BOULEVARD, SUITE 1002
CITY-STATE-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGRM
NAME	STRASSER, CHARLES
STREET ADDRESS	1030 NORTH U.S. 1
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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

3/29/06

Date

386-238-7035

Daytime Phone #