

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90020 012 \*\*\*\*50.00

**DOCUMENT # L04000087694**

1. Entity Name  
**TEAL CREEK INVESTMENTS, L.L.C.**



Principal Place of Business  
**6527 THE MASTERS AVE  
BRADENTON, FL 34202**

Mailing Address  
**6527 THE MASTERS AVE  
BRADENTON, FL 34202**

**20029789**



2. Principal Place of Business

**13207 PALMERS CREEK TER.**  
Suite, Apt. #, etc.

3. Mailing Address

**13207 PALMERS CREEK TER**  
Suite, Apt. #, etc.

03222005 Chg-LLC CR2E083 (10/03)

City & State  
**BRADENTON FL**

City & State  
**BRADENTON FL**

4. FEI Number  
**20-1998076**

Applied For  
Not Applicable

Zip  
**34202**

Country

Zip  
**34202**

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARRABIA, RONALD A  
6527 THE MASTERS AVE  
BRADENTON, FL 34202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**13207 PALMERS CREEK TERRACE**

City **BRADENTON**

**FL**

Zip Code  
**34202**

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CARRABIA, RONALD A  
6527 THE MASTERS AVE  
BRADENTON, FL 34202**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**13207 PALMERS CREEK TER.  
BRADENTON FL 34202**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

**4/2/05**