



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90042 048 *****55.00

DOCUMENT # L04000087728 1. Entity Name STANLEY CREEL, LLC					
Principal Place of Business 5970 CAMPO ROAD KEYSTONE HEIGHTS, FL 32656				Mailing Address 5970 CAMPO ROAD KEYSTONE HEIGHTS, FL 32656	
2. Principal Place of Business 1499 SE Alfred Markham St		3. Mailing Address 1499 SE Alfred Markham St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07132006 Chg-LLC CR2E083 (11/05)	
City & State Lake City, FL		City & State Lake City		4. FEI Number APPLIED FOR 20-5195976	
Zip 32025		Country USA		Applied For Not Applicable	
Zip 32025		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CREEL, STANLEY 5970 CAMPO ROAD KEYSTONE HEIGHTS, FL 32656				7. Name and Address of New Registered Agent Name Stanley Creel Street Address (P.O. Box Number is Not Acceptable) 1499 SE Alfred Markham Lake City, FL 32025 City FL Zip Code	
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 <u>Stanley Creel</u> <u>Stanley Creel</u> <u>7-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREEL, STANLEY 5970 CAMPO ROAD KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREEL, STANLEY 1499 SE ALFRED MARKHAM ST LAKE CITY, FL 32025	<input checked="" 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
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
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
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: <u>Stanley Creel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>7-13-06</u> <u>386 965 1493</u> <small>Date Daytime Phone #</small>		

Division 2 Cam PO Box 6478 Tallahassee 32314