2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L05000000109

Entity Name: STONECREEK LLC

Current Principal Place of Business:

3272 AVOCADO DRIVE
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

POB 236
FORT MYERS, FL 339020236 US

New Mailing Address:

FEI Number: 04-3802466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATHURST, MARGARET R
3272 AVOCADO DRIVE
FORT MYERS, FL 33901 US US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	NATHURST, MARGARET R	
Address:	P.O. BOX 236	
City-St-Zip:	FORT MYERS, FL 33902 US	
Title:	MGRM	( ) Delete
Name:	BOWERS, SHERYL E	
Address:	3272 AVOCADO DRIVE	
City-St-Zip:	FORT MYERS, FL 33901 US	
Title:	MGRM	(X) Delete
Name:	NATHURST, KAREN L	
Address:	1096 N. TOWN & RIVER DRIVE	
City-St-Zip:	FORT MYERS, FL 33919 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARGARET R. NATHURST MGRM 04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date