2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000003621 1. Entity Name MILLER CREEK, L.L.C.

Mailing Address

Principal Place of Business 2801 SW 1ST AVE STE 101 OCALA, FL 34471

2801 SW 1ST AVE STE 101 OCALA, FL 34471

FILED Feb 01, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	 Applied For
20-2624078	 Not Applicable
5. Certificate of Status Desir	5.00 Additional ee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELCHARCO, MANUEL F JR 2801 SW 1ST AVE STE 101 OCALA, FL 34471		Hoopport 7006
TITLE NAME STREET ADDRESS CITY-ST-ZIP			(100000617020 02/07/07-80058-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS GITY-ST-2IP			
11. I hereby indicated limited li	certify that the information supplied with this filling does not don this report is true and accurate and that my signature sability company or the receiver or trustee empowered to extend that the same accurate and the same accurate and the same accurate and the same accurate accurate the same accurate accurate accurate the same accurate accur	qualify for the exemptions contained in Chapter 1 shall have the same legal effect as if made under on ecute this report as required by Chapter 608, Flori	 Florida Statutes. I further certify that the information bath; that I am a managing member or manager of the da Statutes.

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