## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000005176

Entity Name: SPRING CREEK RUN, LLC

FILED Mar 02, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1212 S. 7TH STREET LEESBURG, FL 34748

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 492241 LEESBURG, FL 34749

Name:

Address:

City-St-Zip:

FEI Number: 37-1502967 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNOWLES, STEPHEN GORDON KNOWLES, STEPHEN GORDON 800 NORTH BOULEVARD, W. 1211 WEST NORTH BOULEVARD LEESBURG, FL 34748 LEESBURG, FL 34748

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: 03/02/2006

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES: Title: MGRM ( ) Change (X) Addition () Delete KNOWLES, DAVID A MGRM Name: Name: Address: Address: 1079 ISLAND WAY City-St-Zip: City-St-Zip: LEESBURG, FL 34748 Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: KNOWLES, CHERYL B MGRM Address: Address: 1079 ISLAND WAY City-St-Zip: City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: MGRM ( ) Change (X) Addition KNOWLES, STEPHEN G MGRM Name: Name: Address: Address: 1212 S. SEVENTH STREET City-St-Zip: City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: KNOWLES, ELIZABETH J MGRM Address: Address: 1212 S. SEVENTH STREET City-St-Zip: City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: MGRM ( ) Change (X) Addition HICKS, MARY K MGRM Name: Name: 1525 PARK DRIVE Address: Address: City-St-Zip: City-St-Zip: LEESBURG, FL 34748 Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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

Name:

Address:

City-St-Zip:

HICKS, ROBERT G MGRM

1525 PARK DRIVE LEESBURG, FL 34748

SIGNATURE: ROBERT G. HICKS **MGRM** 03/02/2006

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.