2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005176

Entity Name: SPRING CREEK RUN, LLC

LEESBURG, FL 34748

City-St-Zip:

FILED Jan 17, 2007 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 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 1211 WEST NORTH BOULEVARD 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KNOWLES, DAVID A MGRM Name: Name: 1079 ISLAND WAY Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KNOWLES, CHERYL B MGRM Name: Name: Address: 1079 ISLAND WAY Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KNOWLES, STEPHEN G MGRM Name: Name: Address: 1212 S. SEVENTH STREET Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KNOWLES, ELIZABETH J MGRM Name: Name: Address: 1212 S. SEVENTH STREET Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HICKS, MARY K MGRM Name: Name: 1525 PARK DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HICKS, ROBERT G MGRM Name: Name: Address: 1525 PARK DRIVE Address:

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

City-St-Zip:

SIGNATURE: ROBERT G. HICKS MGRM 01/17/2007