2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L05000005176

Entity Name: SPRING CREEK RUN, LLC

Current Principal Place of Business:

1212 S. 7TH STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 492241
LEESBURG, FL 34749

New Mailing Address:

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

Name and Address of Current Registered Agent:

KNOWLES, STEPHEN GORDON
1211 WEST NORTH BOULEVARD
LEESBURG, FL 34748 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:	KNOWLES, DAVID A MGRM	
Address:	1079 ISLAND WAY	
City-St-Zip:	LEESBURG, FL 34748	
Title:	MGRM	( ) Delete
Name:	KNOWLES, CHERYL B MGRM	
Address:	1079 ISLAND WAY	
City-St-Zip:	LEESBURG, FL 34748	
Title:	MGRM	( ) Delete
Name:	KNOWLES, STEPHEN G MGRM	
Address:	1212 S. SEVENTH STREET	
City-St-Zip:	LEESBURG, FL 34748	
Title:	MGRM	( ) Delete
Name:	KNOWLES, ELIZABETH J MGRM	
Address:	1212 S. SEVENTH STREET	
City-St-Zip:	LEESBURG, FL 34748	
Title:	MGRM	( ) Delete
Name:	HICKS, MARY K MGRM	
Address:	1525 PARK DRIVE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	MGRM	( ) Delete
Name:	HICKS, ROBERT G MGRM	
Address:	1525 PARK DRIVE	
City-St-Zip:	LEESBURG, FL 34748	

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:	
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: ROBERT G. HICKS MGRM 01/15/2009

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