

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005176

FILED  
Jan 05, 2010  
Secretary of State

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:**

KNOWLES, STEPHEN GORDON  
903 WEST NORTH BOULEVARD  
LEESBURG, FL 34748 US

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:

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KNOWLES, DAVID A MGRM  
Address: 1079 ISLAND WAY  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM  
Name: KNOWLES, CHERYL B MGRM  
Address: 1079 ISLAND WAY  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM  
Name: KNOWLES, STEPHEN G MGRM  
Address: 1212 S. SEVENTH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM  
Name: KNOWLES, ELIZABETH J MGRM  
Address: 1212 S. SEVENTH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM  
Name: HICKS, MARY K MGRM  
Address: 1525 PARK DRIVE  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM  
Name: HICKS, ROBERT G MGRM  
Address: 1525 PARK DRIVE  
City-St-Zip: LEESBURG, FL 34748

I hereby 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

01/05/2010

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