

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90031 039 \*\*\*\*50.00

**DOCUMENT # L05000006476**

1. Entity Name  
**POVERTY CREEK, L.L.C.**



Principal Place of Business <b>25 WALTER MARTIN RD, NE, SUITE 101 FORT WALTON BEACH, FL 32548</b>	Mailing Address <b>25 WALTER MARTIN RD, NE, SUITE 101 FORT WALTON BEACH, FL 32548</b>
--	--

**20030312**



2. Principal Place of Business <b>909 Mar Walt Drive</b>	3. Mailing Address <b>909 Mar Walt Drive</b>
Suite, Apt. #, etc. <b>Suite 1014</b>	Suite, Apt. #, etc. <b>Suite 1014</b>

03082006 Chg-LLC CR2E083 (11/05)

City & State <b>Ft. Walton Beach, FL</b>	City & State <b>Ft. Walton Beach, FL</b>
Zip <b>32547</b>	Country <b>Okaloosa</b>

4. FEI Number <b>20-2631133</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PETERMANN, RICHARD P  
25 WALTER MARTIN RD., NE, SUITE 101  
FORT WALTON BEACH, FL 32548**

**7. Name and Address of New Registered Agent**

Name <b>Petermann, Richard P.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>909 Mar Walt Drive, Suite 1014</b>
City <b>Ft. Walton Beach</b>
State <b>FL</b>
Zip Code <b>32547</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **4/12/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>PETERMANN, RICHARD P</b>	
STREET ADDRESS <b>25 WALTER MARTIN RD., NE, SUITE 101</b>	
CITY-ST-ZIP <b>FORT WALTON BEACH, FL 32548</b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

**10. ADDITIONS/CHANGES**

TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Petermann, Richard P.</b>	
STREET ADDRESS <b>909 Mar Walt Drive, Suite 1014</b>	
CITY-ST-ZIP <b>Ft. Walton Beach, FL 32547</b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_ **4/12/06 (850) 863-4064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #