


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90019 030 ****50.00

DOCUMENT # L05000009807	
1. Entity Name CREEKSIDE INVESTMENTS LLC	

Principal Place of Business 9945 CHELSEA LAKE ROAD JACKSONVILLE, FL 32256	Mailing Address P.O. BOX 56226 JACKSONVILLE, FL 32241
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2. Principal Place of Business		3. Mailing Address 9945 Chelsea Lake RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE, FL	
Zip	Country	Zip 32256	Country FLORIDA



04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2506213	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, MICHAEL C 12890 WINGED ELM DR. NORTH JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARTIN, GEORGE C 9945 CHELSEA LAKE ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PARTIN, DIANA P 9945 CHELSEA LAKE ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: George C. Partin **April 24, 2006** **904-519-8729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #