

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032786

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CREEKSIDE AT BAYOU GEORGE, LLC

**Current Principal Place of Business:**

114 LOGAN LANE  
1-A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

114 LOGAN LANE  
1-A  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-2692618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATSON, THOMAS D  
114 LOGAN LANE  
1-A  
SANTA ROSA BEACH, FL 32459 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: WATSON, THOMAS D  
Address: 114 LOGAN LANE, SUITE 1-A  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete  
Name: MCCLARY, DAVID S  
Address: 161 W. KINGSTON SPRINGS ROAD  
City-St-Zip: KINGSTON SPRINGS, TN 37082

Title: MGRM ( ) Delete  
Name: NEW GASCONY COMPANY, LLC  
Address: 7 CANTRELL ROAD  
City-St-Zip: LITTLE ROCK, AR 72207

Title: MGRM ( ) Delete  
Name: WAGNER, STEVE  
Address: 598 RICKER AVENUE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**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:

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: THOMAS D. WATSON

MGRM

04/29/2009

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