

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039286

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BLACK CREEK DEVELOPERS, LLC

## Current Principal Place of Business:

605 HIGHWAY 393 N.  
9-A  
SANTA ROSA BEACH, FL 32459 US

## New Principal Place of Business:

## Current Mailing Address:

605 HIGHWAY 393 N.  
9-A  
SANTA ROSA BEACH, FL 32459 US

## New Mailing Address:

605 HIGHWAY 393 N.  
9-A  
SANTA ROSA BEACH, FL 32459 US

FEI Number: 11-3748637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODEN, BARRY K  
605 HWY 393 N  
SUITE 9A  
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: MGR ( ) Delete  
Name: ODEN, BARRY K  
Address: 313 TEQUESTA DRIVE  
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM ( ) Delete  
Name: ODEN, BRIAN K  
Address: 84 BAYOU BREEZE COURT  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM ( ) Delete  
Name: ODEN, JOSEPH T  
Address: 30 BAYOU BREEZE COURT  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM ( ) Delete  
Name: ODEN, JONATHAN F  
Address: 78 BAYOU BREEZE COURT  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

## 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: BARRY K. ODEN

MGR

03/25/2009

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