2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# L05000040799

Entity Name: CREEK PARK, LLC

Current Principal Place of Business:

1086 LONGWOOD DRIVE
WOODSTOCK, GA 30189

New Principal Place of Business:

Current Mailing Address:

1086 LONGWOOD DRIVE
WOODSTOCK, GA 30189

New Mailing Address:

FEI Number: 20-2703112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.
5365 E. COUNTY HIGHWAY 30A, STE. 105
SEAGROVE 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:	MGRP	( ) Delete
Name:	FLAIG, JONATHAN J	
Address:	1086 LONGWOOD DR	
City-St-Zip:	WOODSTOCK, GA 30189	
Title:	MGRP	( ) Delete
Name:	ONEAL, ALAN	
Address:	101-A BUSINESS CENTRE DR	
City-St-Zip:	DESTIN, FL 32550	
Title:	MGRP	( ) Delete
Name:	LAWSON, JULIE L	
Address:	4039 E. CO. HWY 30-A	
City-St-Zip:	SEAGROVE BEACH, FL 32459	
Title:	MGRP	( ) Delete
Name:	SMITH, WILLIAM H	
Address:	42 BUSINESS CENTRE DR, SUITE 106	
City-St-Zip:	DESTIN, FL 32550	
Title:	MGRP	( ) Delete
Name:	WILLIAMS, JAMES	
Address:	1300 GRAYSON PARKWAY	
City-St-Zip:	GRAYSON, GA 30017	

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:	
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: JON FLAIG MR 08/06/2009

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