


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90038 018 ****50.00

DOCUMENT # L05000043530				1. Entity Name FERN CREEK, LLC	
Principal Place of Business 4800 LEJEUNE ROAD CORAL GABLES, FL 33146			Mailing Address 4800 LEJEUNE ROAD CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box # 910 N. Ferncreek Avenue Suite, Apt. #, etc.		3. Mailing Address 2402 Norfolk Road Suite, Apt. #, etc.		60040333 	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 20-2856337	
Zip 32803		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTZ, CHARLES 4800 LEJEUNE ROAD CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Michael LeRoy Street Address (P.O. Box Number is Not Acceptable) 2402 Norfolk Road City Orlando FL Zip Code 32803	
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 <u>Michael LeRoy</u> Michael LeRoy Managing Member 4-21-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete HARTZ, CHARLES 4800 LEJEUNE ROAD CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete LERoy, MICHAEL 201 SOUTH ORANGE AVENUE ORLANDO, FL 32801			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete JONSTONE, CRANE 2866 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete FULMER, RICHARD 2866 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Michael LeRoy</u> Michael LeRoy 4-21-07 407-264-7070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					