

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

02-15-2006 90130 002 ****50.00

DOCUMENT # L05000051156

1. Entity Name
DEERWOOD CREEK LLC



Principal Place of Business
**111 SW 8TH STREET
OCALA, FL 34474 US**

Mailing Address
**111 SW 8TH STREET
OCALA, FL 34474 US**

30005590



2. Principal Place of Business

2601 SE 29th Lane
Suite, Apt. #, etc.

3. Mailing Address

2601 SE 29th Lane
Suite, Apt. #, etc.

02132006 Chg-LLC CR2E083 (11/05)

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

20-2886344

Applied For

Not Applicable

Zip

34471

Country

US

Zip

34471

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKINNEY, JANINE
111 SW 8TH STREET
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2601 SE 29th Lane

City

Ocala

FL

Zip Code

34471

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/13/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

☐ Delete

NAME

MCKINNEY, JANINE

STREET ADDRESS

2601 SE 29TH LANE

CITY-ST-ZIP

OCALA, FL 34471

TITLE

MGRM

☐ Delete

NAME

MCKINNEY, RICHARD

STREET ADDRESS

2601 SE 29TH LANE

CITY-ST-ZIP

OCALA, FL 34471

10. ADDITIONS/CHANGES

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DEERWOOD CREEK LLC
2601 SE 29TH LN
OCALA, FL 34471-6277
352-867-5554**

1037

63-215/631

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Pay to the order of

FL Dept of State

\$ 50.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Fifty Dollars and no/100 Dollars



Security watermark on back

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNTRUST

ACH RT 061000104

For

006310215201000039895684 1037

11. I hereby certify that the information indicated on this report is true and correct.

that the information indicated on this report is true and correct.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/13/06

Date

352-817-6220

Daytime Phone #