
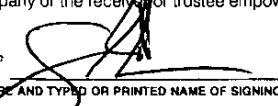


138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | |
|--|---|--|---|
| DOCUMENT # L05000052682 | |  | |
| 1. Entity Name MICHAEL CREEK, LLC | | | |
| Principal Place of Business 277 SE 5TH AVENUE DELRAY BEACH, FL 33483 US | | Mailing Address 277 SE 5TH AVENUE DELRAY BEACH, FL 33483 US | |
| 2. Principal Place of Business - No P.O. Box # 202 SE 5th Avenue Suite, Apt. #, etc. | | 3. Mailing Address 202 SE 5th Avenue Suite, Apt. #, etc. | |
| City & State Delray Beach, FL | | City & State Delray Beach, FL | |
| Zip 33483 | | Country | |
| 6. Name and Address of Current Registered Agent GREGG H. GLICKSTEIN, P.A. 54 SW BOCA RATON BOULEVARD BOCA RATON, FL 33432 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM IRONWOOD DEVELOPMENT, INC. 277 SE 5TH AVENUE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 202 Southeast 5th Avenue Delray Beach, FL 33483 <input checked="" 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 | 800120870138 03/21/08--01004--010 **200.00 <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 |
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| 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:  | | Cary Glickstein 2/13/08 561.279.8952 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
33-1118685 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required