2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am. **Secretary of State DOCUMENT # L05000080303** 1. Entity Name 02-27-2006 90433 004 ****50.00 PSP OF WILLOW CREEK, LLC Mailing Address Principal Place of Business 3903 POSTRIDGE TRAIL MELBOURNE FL 32934 3903 POSTRIDGE TRAIL MELBOURNE FL 32934 UUUUWUU4 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOLOGNA- GARAGOZLO , PATRICIA E Street Address (P.O. Box Number is Not Acceptable) 3903 POSTRIDGE TRAIL **MELBOURNE FL 32934** 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 Sprakure, types or printed name of registered agent and title d applicable FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Delete Change | ☐ Addition NAME BOLOGNA, SALVATORE E NAME 3903 POSTRIDGE TRAIL STREET ADDRESS STREET ADDRESS CITY - ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP Detete TITL F MGRM TITLE ☐ Change ■ Addition NAME BOLOGNA, PAUL J NAME STREET ACCRESS 3903 POSTRIDGE TRAIL STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP TITLE MGRM Oelete Change ■ Addition NAME NAME BOLOGNA-GARAGOZI O PATRICIA F STREET ADDRESS 3903 POSTRIDGE TRAIL STREET ADDRESS CITY-ST-ZTP CITY-ST-7/P MELBOURNE FL 32934 TITLE Delate me ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Oetete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED



Su attached

FLORIDA DEPARTMENT OF STATE

Division of Corporations

March 2, 2006

PSP OF WILLOW CREEK, LLC 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934

Subject: PSP OF WILLOW CREEK, LLC

Reference Number:

L05000080303

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION