


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000080303</b> 1. Entity Name PSP OF WILLOW CREEK, LLC	
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Principal Place of Business 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934	Mailing Address 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1935810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BOLOGNA- GARAGOSLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
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<b>DO NOT WRITE IN THIS SPACE</b>
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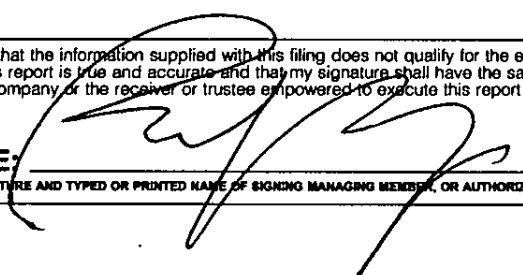
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA, SALVATORE E 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA, PAUL J 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA-GARAGOSLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000579299 01/10/07-80001-019 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.
<b>SIGNATURE:</b> 
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date</small> 1/10/07 <small>Daytime Phone</small> 321 757 1570