## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Aug 19, 2008 8:00 am Secretary of State DOCUMENT # L05000084415 04-07-2008 90234 015 \*\*\*138.75 1. Entity Name 1 MILL CREEK PROPERTIES, LLC Principal Place of Business Mailing Address **20010258** 670 N. ORLANDO AVE., SUITE 1004-A 670 N. ORLANDO AVE., SUITE 1004-A MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2601 Wells Avenue 2601 Wells Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-LLC CR2E083 (12/06) 141 141 City & State City & State 4. FEI Number Applied For Fern Park Florids Fern Park, Florida 84-1690614 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32730 32730 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kenneth M. Beane BEANE, KENNETH'M Street Address (P.O. Box Number is Not Acceptable) 670 N. ORLANDO AVE., SUITE 1004-A 2601 Wells Ave, Ste 141 MAITLAND, FL 32751 Fern Park, Fl. 32730 City 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 (NOTE: B Make check payable to FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State -----MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES RILE MGR ☐ Deleta TITLE ☐ Addition ☐ Changa BEANE, KENNETH M NAME NAME 1460 WEST LAKE BRANTLEY ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP City-St-7IP LONGWOOD, FL 32779 DNE MGR ☐ Deleta TITLE Change ☐ Addition NAME KRAUSE, EILEEN NAME STREET ADDRESS 1396 DEER LAKE CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP MLE ☐ Deleta Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TILE ☐ Deleta TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Deleta TITI F TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MLĖ ☐ Deleta TITLE Change ... NAME MALIF - 6 - C. C. C. 120,800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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: