

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085189

Entity Name: ALAPAHA CREEK LLC

FILED
Aug 29, 2008
Secretary of State

Current Principal Place of Business:

1305 FLORIDA ST.
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

P.O BOX 95 1305 FLORIDA ST.
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 26-1755346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, DANNY
1305 FLORIDA STREET
P.O.95
JENNINGS, FL 32053 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MEMB () Delete
Name: JOHNSON, DANNY R
Address: 1305 FLORIDA ST.
City-St-Zip: JENNINGS, FL 32053 US

Title: MEMB () Delete
Name: JOHNSON, FRANK W
Address: 467 ARCHAIC DRIVE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MEMB () Delete
Name: JOHNSON, FREDDIE A
Address: 11019 N.W. 9TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MEMB () Delete
Name: MCCULLEY, ELAINE
Address: 2705 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANNY JOHNSON

MEMB

08/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date