

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000096139

1. Entity Name
THOMAS CREEK PRESERVE, LLC



Principal Place of Business
**C/O MITCHELL R. MONTGOMERY
13400 SUTTON PARK DRIVE SOUTH, #1402
JACKSONVILLE, FL 32224**

Mailing Address
**C/O MITCHELL R. MONTGOMERY
13400 SUTTON PARK DRIVE SOUTH, #1402
JACKSONVILLE, FL 32224**



02132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# Number
20-3608167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTGOMERY, MITCHELL R
13400 SUTTON PARK DRIVE SOUTH #1402
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 **P**
NAME **MONTGOMERY, MITCHELL R**
STREET ADDRESS **18400 SUTTON PRK DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VP**
NAME **MCCARTNEY, JACK**
STREET ADDRESS **800 CORP. DR 102**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE **VP**
NAME **WRIGHT, WILLIAM G**
STREET ADDRESS **13400 SUTTON PRK DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **ST**
NAME **SHEFFIELD, J. HOWARD**
STREET ADDRESS **6101 GAZEBO PRK PL N**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000645772
03/06/07-80002-010 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/15/07

Date

904821 7171

Daytime Phone #