2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000096429

1. Entity Name
MICHAEL CREEL LLC

Principal Place of Business

4640 HEATHERWOOD WAY
PACE, FL 32571

Mailing Address

4640 HEATHERWOOD WAY
PACE, FL 32571

DO NOT WRITE IN THIS SPACE

02062008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3574930	Not Applicable

5. Certificate of Status Desired   ☑   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CREEL, MICHAEL
4640 HEATHERWOOD WAY
PACE, FL 32571

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CREEL, MICHAEL
STREET ADDRESS	4640 HEATHERWOOD WAY
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/10/08-80014-021 143.75

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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: _____   03/25/08   850-384-5585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #