

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109983

1. Entity Name
CREEKSIDE PROPERTIES, LLC.



Principal Place of Business
**1863 U. S. HIGHWAY 90
CHIPLEY, FL 32428 US**

Mailing Address
**1863 U. S. HIGHWAY 90
CHIPLEY, FL 32428 US**



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3792630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIMES, STEVEN A
1863 U.S. HIGHWAY 90
CHIPLEY, FL 32428**

**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 renouncing)

DATE _____

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

1100000589614
01/18/07-20023-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRIMES, STEVEN A
1863 HWY 90
CHIPLEY, FL 32428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRIMES, SUSAN E
1863 HWY 90
CHIPLEY, FL 32428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Steven A. Grimes* STEVEN A. GRIMES

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

1/15/07 (850) 415-1552
Date Daytime Phone #