

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90045 039 ***150.00

DOCUMENT # L05000119445



1. Entity Name
CREEK BOTTOM TRAIL RIDES, LLC

Principal Place of Business
**802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695**

Mailing Address
**802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695**

2. Principal Place of Business
20253 NE 20 St.
Suite, Apt. #, etc.

3. Mailing Address
20253 NE 20 St.
Suite, Apt. #, etc.

City & State
Williston, FL
Zip **32696** Country **USA**

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Williston, FL
Zip **32696** Country **USA**

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3941710 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPHERD, DAVID B
802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name **Terrell Howell**
Street Address (P.O. Box Number is Not Acceptable)
20253 NE 20 St
City **Williston** FL Zip Code **32696**

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REAL ESTATE EXCHANGE SERVICES, INC.
802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
Dixie Howell
20253 NE 20 St.
Williston, FL 32696** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**XP S
Terrell Howell
20253 NE 20 St
Williston, FL 32696** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-13-06 352 528 26 98