

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90195 007 \*\*\*\*50.00

<b>DOCUMENT # L06000007540</b> 1. Entity Name <b>FM MILLCREEK HOLDING, LLC</b>					
Principal Place of Business <b>1682 WEST HIBISCUS BOULEVARD MELBOURNE, FL 32901</b>			Mailing Address <b>1682 WEST HIBISCUS BOULEVARD MELBOURNE, FL 32901</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-4664454</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>F&amp;L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Hugh M Evans Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>1682 West Hibiscus Blvd</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32901</b>		
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 <b>Hugh M Evans, Jr</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 606, Florida Statutes.					
<b>SIGNATURE:</b>			<b>Hugh M Evans Jr</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		