


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90120 010 ***138.75

DOCUMENT # L06000020328	
1. Entity Name CREEK RIDGE HOLDINGS, LLC	

Principal Place of Business 2101 CORPORATE BLVD. N.W., SUITE 317 BOCA RATON, FL 33431	Mailing Address 2101 CORPORATE BLVD. N.W., SUITE 317 BOCA RATON, FL 33431
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60006167



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 76505 Rice	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Chapel Hill, NC	
Zip	Country	Zip	Country
		27517	USA

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4397784	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLAIR, LAURENCE I 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PANN, JAMES 2101 CORPORATE BLVD. N.W., SUITE 317 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #