## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2007 8:00 am Secretary of State

DOCUMENT # L06000027993  1. Entity Name CEDAR CREEK, LLC						01-10-2007 90057 008 ****50.00				
Principal Place of Business  1421 ISLAND CLUB SQUARE VERO BEACH, FL 32963  Mailing Address  1421 ISLAND CLUB SQU VERO BEACH, FL 32963			UARE 63				•«			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State		4. FEI Numb	er		<del></del>	plied For t Applicable		
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required		
Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered /	\gent		
TAYLOR, J.ATWOOD III				Name						
5070 N HIGHWAY A1A STE 200 VERO BEACH, FL 32963				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	e	
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.					istered agent, or bo	th, in the State of Fl		amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if englicable. (NOT	E. Registere	d Agent signature reg	uired when reinstating)		DATE			
Filing Fee is \$50.00										
Fi	iling Fee is \$50.00						ke check p			
D	ue by May 1, 2007					Florid	a Departm	ent of State	•	
9.	MANAGING MEMB		10.				a Departm	ent of State		
9. TILE	MANAGING MEMB	ERS/MANAGERS	IITL			Florid	a Departm	ent of State	Addition	
9. TITLE NAME	MANAGING MEMB MGRM MILLER, CHARLES B		TITL NAM	E .		Florid	a Departm	ent of State		
9. TILE	MANAGING MEMB		TITL NAM STRI			Florid	a Departm	ent of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM MILLER, CHARLES B 1421 ISLAND CLUB SQUARE		TITL NAM STRI	EET ADDRESS -ST-ZIP	-	Florid	a Departm	ent of State		
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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:

E - JUNE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE.