

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075275

Entity Name: TFG CREEKWOOD, LLC

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

1801 CLINT MOORE ROAD, SUITE 210
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1801 CLINT MOORE ROAD, SUITE 210
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-5288132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 322023520 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM () Change (X) Addition
Name: FINCH, WESLEY E
Address: 1801 CLINT MOORE ROAD SUITE 210
City-St-Zip: BOCA RATON, FL 33487

Title: T () Change (X) Addition
Name: BLACKINTON, DENNIS H
Address: 1801 CLINT MOORE ROAD SUITE 210
City-St-Zip: BOCA RATON, FL 33487

Title: S () Change (X) Addition
Name: JAMES, ROBERT A
Address: 1801 CLINT MOORE ROAD SUITE 210
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS H BLACKINTON

T

01/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date