

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078235

Entity Name: WHITE WATER CREEK, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

3252 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

3252 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 20-5502346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALBERT J. STOPKA, III, P.A.  
108 MOSLEY DRIVE  
LYNN HAVEN, FL 32444 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: MGRM ( ) Delete  
Name: ADAMS, JULIAN R III  
Address: 3552 COUNTRY CLUB DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM ( ) Delete  
Name: WALL, DEREK H  
Address: 2710 COUNTRY CLUB DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM ( ) Delete  
Name: MCCAIN, MARVIN E  
Address: 712 WEST PIERSON DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JULIAN ADAMS

MGRM

04/15/2009

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