

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000101601

1. Entity Name
LAKE CREEK PROPERTIES, LLC



Principal Place of Business
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5768418

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, W. GLENN
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARTLAND, GEORGINA L
STREET ADDRESS	2374 EAST LAKE CREEK DRIVE
CITY-ST-ZIP	EDWARDS, CO 81632
TITLE	MGR
NAME	HARTLAND, THOMAS A
STREET ADDRESS	2374 EAST LAKE CREEK DRIVE
CITY-ST-ZIP	EDWARDS, CO 81632
TITLE	MGR
NAME	DEMPSEY, W. GLENN
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE 1330
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000780260
01/14/08-80016-003-138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/08 (561) 655-898