
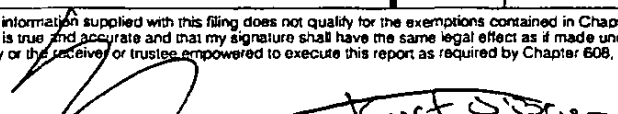


**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

30007680

<b>DOCUMENT # L07000002818</b>			
1. Entity Name SS WEST CREEK, LLC			
Principal Place of Business 7932 WEST SANDLAKE ROAD, STE. 108 ORLANDO, FL 32819		Mailing Address 7932 WEST SANDLAKE ROAD, STE. 108 ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4232008 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 20-8232137	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVENUE, STE. 600 ATTN: PRESIDENT ORLANDO, FL 32801		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 re-registering) 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 <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Manager Kurt O'Brien 7932 W. Sand Lake Rd., Suite 108 Orlando, FL 32819	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		APR 28 2008 407-208-7871	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	