

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021524

Entity Name: CREIGHTON, LLC

FILED  
Jul 25, 2008  
Secretary of State

**Current Principal Place of Business:**

2405 N. COURTENAY PARKWAY  
1E  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

2405 N. COURTENAY PARKWAY  
1E  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

FEI Number: 51-0636433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ESSER, DAVID C  
2405 N. COURTENAY PARKWAY  
1E  
MERRITT ISLAND, FL 32953 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: ESSER, DAVID C  
Address: 2405 N. COURTENAY PARKWAY, SUITE 1E  
City-St-Zip: MERRITT ISLAND, FL 32953

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

**ADDITIONS/CHANGES:**

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

Title: DR ( ) Change (X) Addition  
Name: BLOSSER, CLARENCE W  
Address: 36 JUNIPER LOOP  
City-St-Zip: AIKEN, SC 29803

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: CLARENCE W BLOSSER

DR

07/25/2008

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