

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071653

FILED
Apr 24, 2009
Secretary of State

Entity Name: PASCO SAWGRASS CREEK, LLC

Current Principal Place of Business:

9400 RIVER CROSSING BLVD., SUITE #104
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

9400 RIVER CROSSING BLVD., SUITE #104
NEW PORT RICHEY, FL 34655

New Mailing Address:

P.O. BOX 2108
ELFERS, FL 34680

FEI Number: 26-3066363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, JOHN E
9400 RIVER CROSSING BLVD., SUITE #104
NEW PORT RICHEY, FL 34655 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: MGR () Delete
Name: HUDSON, JOHN E
Address: 9400 RIVER CROSSING BLVD., SUITE #104
City-St-Zip: NEW PORT RICHEY, FL 34655

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

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: MITCHELL, DEWEY
Address: 20537 AMBERFIELD DR.
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGR () Change (X) Addition
Name: BLACKWELL, GARY L
Address: P.O. BOX 1085
City-St-Zip: NEW PORT RICHEY, FL 34656

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: JOHN E. HUDSON

MGR

04/24/2009

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