

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-25-2005 90095 020 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L93000000398		
1. Entity Name CREEKSIDE, L.C.		
Principal Place of Business 535 PARK AVE. N. STE. #224 WINTER PARK, FL 32789 US		Mailing Address P.O. BOX 1508 WINTER PARK, FL 32790 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, WARREN E 20 WEST CENTRAL BOULEVARD ORLANDO, FL 32801 P.O. Box 1508 Winter Park, FL 32790		535 N. Park Ave Ste # 224 Winter Park, FL 32789
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 reappointing)		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, WARREN E 20 WEST CENTRAL BLVD. ORLANDO, FL 32801	535 N. Park Ave Ste # 224 P.O. Box 1508 Winter Park, FL 32790 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing is true and accurate to the best of my knowledge and belief, and I am a managing member or manager of the limited liability company or the receiver or trustee of such company as required by Chapter 606, Florida Statutes.		
SIGNATURE: <u>Warren E. Williams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		407-628-9082 Date Daytime Phone #

30008495



02152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3230505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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