


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

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



04272006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
 59-3230505

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WILLIAMS, WARREN E
 535 N. PARK AVE.
 SUITE 224
 WINTER PARK, FL 32789

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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 reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, WARREN E 535 N. PARK AVE., SUITE 224 WINTER PARK, FL 32789
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 05/19/06-80059-016 50.00

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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: Warrene Williams *MANAGER* *4/29/06* (407) 629-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #