## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9300000398

1. Entity Name

CREEKSIDE, L.C.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90029 012 \*\*\*\*50.00

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STE. #224		Mailing Address P.O. BOX 1508 WINTER PARK FL 32790 US			よりない 3 年 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1				
		Address							
Suite, Apt. #, etc. Suite, Apt. #, e		tc.		CHECK HERE IF MAKING CHANGES					
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end-Address of Current	Registered Agent		,	7 Nome or	d Address of New				
and Address of Carrent	Johnster EA WARIN	<u> </u>	Name		u Address of New	negistered A	gent		
WILLIAMS, WARREN E 28 WEST CENTRAL BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
32801									
			City			FL	Zip Coc	le	
d or printed name of registered agent a	FILE N	OW!!! I	EE IS \$50.0	0		DATE			
	Du	e By Ma	ay 1, 2003						
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	Country  B and Address of Current I  ARREN E  TRAL BOULEVARD  32801  ty submits this statement for stered agent.  MANAGING MEMBER  SS, WARREN E T CENTRAL BLVD.  DO FL 32801	P.O. BOX 1508 WINTER PARK FL 32790 US  The series of Current Registered Agent  City & State  Country  Zip  Element Address of Current Registered Agent  ARREN E  TRAL BOULEVARD 32801  Ty submits this statement for the purpose of changing its stered agent.  Make Check Payab  Du  MANAGING MEMBERS/MANAGERS  S, WARREN E T CENTRAL BLVD.  TO FL 32801  Delete  Delete  Delete  Delete	P.O. BOX 1508 WINTER PARK FL 32790 US  Iness  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Be and Address of Current Registered Agent  IRREN E ITRAL BOULEVARD 32801  To printed name of registered agent and title if applicable.  (NOTE: Registered lered agent and title if applicable.  FILE NOW!!! I Make Check Payable to Fle Due By Ma  MANAGING MEMBERS/MANAGERS  10.  TITLE NAMI STRE CITY  Delete  TITLE NAMI STRE CITY  Delete TITLE NAMI STRE CITY  Delete	P.O. BOX 1508 WINTER PARK FL 32790 US  To suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  ARREN E  TRAL BOULEVARD 32801  To prented name of registered agent and title if applicable.  NATIVE  FILE NOW!!! FEE IS \$50.0  Make Check Payable to Florida Departn  Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  TO ENTRAL BLVD.  OF L 32801  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P.O. BOX 1508 WINTER PARK FL 32790 US  The second Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  5. Certificat  RREN E TRAL BOULEVARD 32801  City  To period raine of registered agent and title if applicable.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Floridad Department of State Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  TO CENTRAL BLVD.  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Box Number is Not Acceptal agent)   City    Ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of itered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent    Ity submits this statement for the purpose of changing its registered defice or registered agent    Ity s	P.O. 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indicated on this report is true and accurate and that my signature shall have the same limited liability company or the receiver or trustee employees for executions and that my signature shall have the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions and the same limited liability company or the receiver or trustee employees for executions are same limited liability. Indicated in Section 19.07 (A), Plotting Statutes. Further certify that the information legal effect as if made under oath; that I am a managing member or manager of the fequired by Chapter 608, Florida Statutes.

Where E williams

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REF