

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90029 012 ****50.00

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**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3230505** Applied For Not Applicable

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



40063690



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WILLIAMS, WARREN E
28 WEST CENTRAL BOULEVARD
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, WARREN E 28 WEST CENTRAL BLVD. ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *WARREN E. WILLIAMS* **MANAGER** 1-29-03 407-425-1985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

UBR0312

CR2E083 (10/02)