

FILED
Mar 12, 2004 08:00 AM
Secretary of State

1. Entity Name
BULOW CREEK, L.C.



Mailing Address
3348 EDGEWATER DR
ORLANDO, FL 32804



CR2E083 (10/03)

Applied For
Not Applicable

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

WILLIAMS, WARREN E
28 W CENTRAL BLVD
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

03/12/04-80043-012 50.00

TITLE	MGRM
NAME	CHIRA, LEE
STREET ADDRESS	255 S ORANGE AVE SUITE 1344
CITY - ST - ZIP	ORLANDO, FL 32801

TITLE	MGRM
NAME	DEMETREE, MARY
STREET ADDRESS	3348 EDGEWATER DR
CITY - ST - ZIP	ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

3/10/04

407-422-8191

Daytime Phone #