

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L94000000718

1. Entity Name  
BULOW CREEK, L.C.



Principal Place of Business  
3348 EDGEWATER DR  
ORLANDO, FL 32804

Mailing Address  
3348 EDGEWATER DR  
ORLANDO, FL 32804



01242005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3292521

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  
28 W CENTRAL BLVD  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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 re-issuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

U00000234673  
02/18/05-80031-005 50.00

**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

Date

Daytime Phone #

Mary L. Demetree 2/16/05 407-422-8191