



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90314 023 ****50.00

DOCUMENT # L98000003054 1. Entity Name STILLCREEK ENTERPRISES, LLC					
Principal Place of Business 13997 MAHAN DR TALLAHASSEE FL 32309			Mailing Address 13997 MAHAN DR TALLAHASSEE FL 32309		
2. Principal Place of Business - No P.O. Box # 3717 STILLCREEK RD Suite, Apt. #, etc. TALLAHASSEE FL. City & State 32309		3. Mailing Address 3717 STILLCREEK RD Suite, Apt. #, etc. City & State TALLAHASSEE FL. City & State 32309			
Zip 32309		Country FLORIDA		4. FEI Number 59-3563417	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ETTORE, ANTHONY J ESQ. 13997 MAHAN DRIVE TALLAHASSEE FL 32309			7. Name and Address of New Registered Agent Name STEPHEN G. POGGE Street Address (P.O. Box Number is Not Acceptable) 3711 STILLCREEK RD. City TALLAHASSEE FL Zip Code 32309		
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ETTORE, ANTHONY J 13997 MAHAN DRIVE 3717 STILLCREEK RD. TALLAHASSEE FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POGGE, STEPHEN G. 3711 STILLCREEK RD. TALLAHASSEE FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POGGE, STEPHEN G. 3711 STILLCREEK RD. TALLAHASSEE FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POGGE, STEPHEN G. 3711 STILLCREEK RD. TALLAHASSEE FL 32309	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #