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321-757-0820

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am Secretary of State DOCUMENT # L9900001660 01-28-2002 90021 020 \*\*\*\*50.00 SPRING CREEK-MELBOURNE, L.C. Principal Place of Business Mailing Address 760 A NORTH DRIVE 760 A NORTH DRIVE MELBOURNE FL 32934 MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address 51 North Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3565337 melbou Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FRESE, GARY B Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901 Zip Code City FL 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. 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 Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR CR2E083 (9/01 ☐ Delete TITLE ☐ Addition TITLE MGR GUST, DONALD &. 751 NORTH DRIVE SWITE 7 NAME GUST, DONALD E NAME STREET ADDRESS STREET ADDRESS 760 A NORTH DRIVE MELBOURNE, FLORIDA CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 MGR ☐ Delete mGR ☐ Addition SHERBIN, STEPHEN 751 NORTH DRIVE SUITE NAME SHERBIN, STEPHEN NAME STREET ADDRESS STREET ADDRESS 760 A NORTH DRIVE MELBOURNE FL 32934 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 TITLE ----Change ☐ Addition TITLE ☐ Delete MGR NAME NAME RATHBUN, CRAIG R OMIT STREET ADDRESS STREET ADDRESS 760 A NORTH DRIVE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32934 MG R ☐ Addition Change ☐ Delete TITLE TITI F WESELL, TERRENCE K NAME NAME URSELL, TERRENCE(V) 1309 ROBERT E. LEE LANE STREET ADDRESS STREET ADDRESS 5160 LUKE WASHINGTON RD CITY-ST-ZIP 80485 CITY-ST-ZIP STEAM BOAT SPRINGS, COLORADO MELB FL 32934 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C)TY-ST-ZIP CITY-ST-ZIP 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: