2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005950

1. Entity Name

SIGNATURÉ

CREEKVILLE PARTNERS, LLC



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90016 029 ****50.00

Principal Place of Business			Mailing Address											
C/O JAMES ZISSON 777 S. FLAGLER DR., SUITE 805 E. TOWER WEST PALM BEACH FL 33401			C/O JAMES ZISSON 777 S. FLAGLER DR., SUITE 805 E. TOWER WEST PALM BEACH FL 33401) 	1111 EIO 1911	I 1 8 111 88 111 8 1				IIRI aa ri i aa i		
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES								
City & State			City & State				4. FEI Num	iber 5	2-21925	555			pplied For	
Zip	Country		Zip Coun		ntry		5. Certificate of Status Desired			\$5.00 Additional Fee Required				
	6. Name and	Address of Current F			7. Name a	nd Addres	ss of New	Registere	ed Agen	t ·				
HAF 321 PALI	н			Name Street Address (P.O. Box Number is Not Acceptable)										
				City					F	L	Zip Cod	e		
	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	Signature, typed or prin	nted name of registered agent an	d Agent signature	required v	when reinstating)			DAT	E					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003														
9.		MANAGING MEMBER	S/MANAGERS	10.				P	ADDITIONS	S/CHANG	SES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RN ZISSON BLER DR., SUITE 805 BEACH FL 33401	□ Delete E. TOWER								, D	Change	Addition	
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indicated of	on this report is t	rue and accurate and th	his filing does not qualify for nat my signature shall have the empowered to execute this re	ie same	e legal effect a	as if ma	ide under oa	th that La	la Statutes. am a mana	. I further o	certify th	at the in nanagei	formation of the	