

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007994

1. Entity Name
CREEK-BAY DEVELOPMENT COMPANY, L.L.C.

FILED

01 FEB 15 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

SUITE 501
2601 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

Mailing Address

SUITE 501
2601 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

2. Principal Place of Business

102 N.E. 2nd ST
Suite, Apt. #, etc.
#359

3. Mailing Address

102 N.E. 2nd ST
Suite, Apt. #, etc.
#359

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

DO NOT WRITE IN THIS SPACE

65-0979148

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DESANTO, RICHARD J ESQUIRE
SUITE 501
2601 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name
Jeff Krich

Street Address (P.O. Box Number is Not Acceptable)
102 N.E. 2nd ST #359

City
Boca Raton

FL

Zip Code
33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KRICH, JEFFREY
102 N.E. 2ND STREET #359
BOCA RATON FL 33432

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 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 #

1-17-01

561-620-7855

CR2E083 (11/00)