05-14-2007 90369 042 ****50.00
L99000009080

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000009080

1. Entity Name
MARSH CREEK NORTH, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN -7 AM 10:48

Principal Place of Business	Mailing Address
4315 PABLO OAKS ST. SUITE 1 JACKSONVILLE, FL 32224-9667	4315 PABLO OAKS ST. SUITE 1 JACKSONVILLE, FL 32224-9667

05032007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3628786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAREN, MICHAEL E 4315 PABLO OAKS COURT SUITE JACKSONVILLE, FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRAREN, MICHAEL E 4315 PABLO OAKS CT., SUITE 1 JACKSONVILLE, FL 322249667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Braren, Michael E 4315 Pablo Oaks Ct. Jacksonville, FL 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHMN Stokes, E. Chester 4315 Pablo Oaks Ct. Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bergmann, Thomas C. 4315 Pablo Oaks Ct. Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kunkel, John C. 4315 Pablo Oaks Ct. Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTR Fredenhagen, Sharon W. 4315 Pablo Oaks Ct Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSE Holm, Malloky Gayle 4315 Pablo Oaks Ct. Jacksonville, FL 32224	☐ Change ☒ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 5/8/07 904-482-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #