


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90237 001 \*\*\*138.75

<b>DOCUMENT # L99000009080</b> 1. Entity Name <b>MARSH CREEK NORTH, LLC</b>					
Principal Place of Business <b>4315 PABLO OAKS ST. SUITE 1 JACKSONVILLE, FL 32224-9667</b>			Mailing Address <b>4315 PABLO OAKS ST. SUITE 1 JACKSONVILLE, FL 32224-9667</b>		
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		Country		4. FEI Number <b>59-3628786</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRAREN, MICHAEL E 4315 PABLO OAKS COURT SUITE JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRAREN, MICHAEL E</b> <b>4315 PABLO OAKS CT.</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHMN</b> <b>STOKES, E. CHESTER</b> <b>4315 PABLO OAKS CT.</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BERGMANN, THOMAS C</b> <b>4315 PABLO OAKS ST.</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KUNLUL, JOHN C</b> <b>4315 PABLO OAKS ST.</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTR</b> <b>FREDENHAGEN, SHARON W</b> <b>4315 PABLO OAKS ST.</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSE</b> <b>HOLM, MALLORY GAYLE</b> <b>4315 PABLO OAKS ST.</b> <b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kunkel, John C.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Michael E. Braren</i> <b>Michael E. Braren</b> <i>2/1/08</i> <i>9044821114</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60014130



02152008 Chg-LLC CR2E083 (12/06)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**BRAREN, MICHAEL E**  
**4315 PABLO OAKS CT.**  
**JACKSONVILLE, FL 32224**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CHMN**  
**STOKES, E. CHESTER**  
**4315 PABLO OAKS CT.**  
**JACKSONVILLE, FL 32224**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**BERGMANN, THOMAS C**  
**4315 PABLO OAKS ST.**  
**JACKSONVILLE, FL 32224**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**KUNLUL, JOHN C**  
**4315 PABLO OAKS ST.**  
**JACKSONVILLE, FL 32224**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPTR**  
**FREDENHAGEN, SHARON W**  
**4315 PABLO OAKS ST.**  
**JACKSONVILLE, FL 32224**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPSE**  
**HOLM, MALLORY GAYLE**  
**4315 PABLO OAKS ST.**  
**JACKSONVILLE, FL 32224**

☐ 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 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:**

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

Date

Daytime Phone #