

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001336

Entity Name: LAKE CREEK FINANCIAL, LLC

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

859 W. SOUTH JORDAN PARKWAY, STE. 102
SOUTH JORDAN, UT 84095

New Principal Place of Business:

Current Mailing Address:

859 W. SOUTH JORDAN PARKWAY, STE. 102
SOUTH JORDAN, UT 84095

New Mailing Address:

FEI Number: 04-3633405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAINWRIGHT, J. BRENT
10868 129TH ROAD
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DAVIS, CARY
Address: 859 W. SOUTH JORDAN PKWY., STE. 102
City-St-Zip: SOUTH JORDAN, UT 84095

Title: MGR () Delete
Name: HOLMES, ROBERT
Address: 859 W. SOUTH JORDAN PKWY., STE. 102
City-St-Zip: SOUTH JORDAN, UT 84095

Title: MGR () Delete
Name: MATTHEWS, AUBREY
Address: 859 W. SOUTH JORDAN PKWY., STE. 102
City-St-Zip: SOUTH JORDAN, UT 84095

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARY DAVIS

MGR

01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date