2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# M07000004098

Entity Name: SPE CREEKSIDE AT BEVILLE RUN, LLC

Current Principal Place of Business:

C/O LARRY FOX, ESQ.
31 FAIRMOUNT AVE #205
CHESTER, NJ 07930

New Principal Place of Business:

2 WEST EMERALD ISLE DRIVE
LAKE HOPATCONG, NJ 07849

Current Mailing Address:

C/O LARRY FOX, ESQ.
P.O. BOX 660
CHESTER, NJ 07930

New Mailing Address:

2 WEST EMERALD ISLE DRIVE
LAKE HOPATCONG, NJ 07849

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

SMART GROWTH CONSULTING & DEVELOPMENT, LLC
2626 NW 2ND AVENUE
C/O SETH LANE
GAINESVILLE, FL 32607 US

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: SETH LANE FOR SMARTH GROWTH CONSULTING & 04/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YORK & PACIFIC GAINESVILLE, LLC
Address: 31 FAIRMOUNT AVE #205
City-St-Zip: CHESTER, NJ 07801

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CREEKSIDE AT BEVILLE RUN, LLC
Address: 2 WEST EMERALD ISLE DRIVE
City-St-Zip: LAKE HOPATGONG, NJ 07849

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OWEN T. LENNON/CREEKSIDE AT BEVILLE RUN, L MGRM 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date