

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # M97000000481

**1. Entity Name
FIRES CREEK LAND CO., LLC**



**Principal Place of Business
1390 TROUT STREET
MERRITT ISLAND, FL 32952**

**Mailing Address
1390 TROUT STREET
MERRITT ISLAND, FL 32952**



01242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3462748**

**Applied For
Not Applicable**

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STORY, PHYLLIS A
1390 TROUT STREET
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000200889
01/28/05-80045-015 55.00

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME TENKKU, PHYLLIS A
STREET ADDRESS 1390 TROUT STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952**

**TITLE MGRM
NAME KIRSCHENBAUM, MALCOLM E
STREET ADDRESS 914 DIXON BLVD
CITY-ST-ZIP COCOA, FL 32926**

**TITLE MGRM
NAME NIED, KATIE
STREET ADDRESS 720 MIXEL STREET
CITY-ST-ZIP EASTON, PA 18042**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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: *Phyllis S. Tenkku*
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/05 321 783 1320
Date Daytime Phone #