

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 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



01092007No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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 FAGGARD, MICHAEL
STREET ADDRESS 97 DOGWOOD LANE
CITY-ST-ZIP HAYESVILLE, NC 28904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000587865
01/17/07-80049-025 50.00

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IN THIS SPACE**

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: *Phyllis A. Tenkku*

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

1/10/07
Date

Daytime Phone #