


2<sup>nd</sup> and **FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED** *10/5*  
99 OCT -5 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000787</b>  CREEKRIDGE, L.I.C. 5200 NW 43RD ST., SUITE 102-208 GAINESVILLE FL 32606
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1a. Principal Place of Business Address  5200 NW 43RD ST., SUITE 102- GAINESVILLE FL 32606
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2 Principal Place of Business Suite, Apt. # etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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3. Date Organized or Qualified <b>07/21/1998</b>	3a. State of Formation <b>DE</b>
4. FEI Number <b>58-2381003</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  SIMS, EUGENE C 6425 NW 29TH TERRACE GAINESVILLE FL 32606 <b>32653</b>
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SIMS, EUGENE C	5200 NW 43RD ST., <del>SUITE 102-208</del> <b>SUITE 102-208</b>	GAINESVILLE FL 32606
MGR	SIMS, CHRISTINE T	5200 NW 43RD ST., <del>SUITE 102-208</del> <b>SUITE 102-208</b>	GAINESVILLE FL 32606
			800003007798--8 -10/06/99--01090--005 ****597.50 ****597.50

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Christine T. Sims* **CHRISTINE T. Sims** 9-10-99 338-1575 (352)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #