

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000787**

1. Entity Name

CREEKRIDGE, L.L.C.

FILED

01 JUL 30 AM 8:47

Principal Place of Business

Mailing Address

**5200 NW 43RD ST., SUITE 102-208
GAINESVILLE FL 32606**

**5200 NW 43RD ST., SUITE 102-208
GAINESVILLE FL 32606**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

58-2381003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMS, EUGENE C
6425 NW 29TH TERRACE
GAINESVILLE FL 32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**800004513018--6
-08/02/01--01068--005
*****55.00 *****55.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **SIMS, EUGENE C**
CITY-ST-ZIP **5200 NW 43RD ST., SUITE 102-208
GAINESVILLE FL 32606**

TITLE Change Addition
NAME **MGRM**
STREET ADDRESS **C+G INVESTORS, INC.**
CITY-ST-ZIP **5200 NW 43rd St., Ste. 102-208
GAINESVILLE, FL 32606**

TITLE Delete
NAME **MGRM**
STREET ADDRESS **SIMS, CHRISTINE T**
CITY-ST-ZIP **5200 NW 43RD ST., SUITE 102-208
GAINESVILLE FL 32606**

TITLE Change Addition
NAME **MGRM**
STREET ADDRESS **PHILIP OMER**
CITY-ST-ZIP **446 OAK GROVE RD.
SPARTANBURG, S.C. 29301**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Christine T. Sims* SIGNATURE RE: **CHRISTINE T. SIMS** 7/24/01 (352) 870-4831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)