

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92174 017 ****55.00

0004248

DOCUMENT # **M98000000787**

1. Entity Name

CREEKRIDGE, L.L.C.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

OJ ODUNNA

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

2341 NW 34th AVE.

City

Lauderdale Lakes FL

Zip Code

33311

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

[Handwritten Signature]

OJ ODUNNA

4/30/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SIMS, EUGENE C	
STREET ADDRESS	5200 NW 43RD ST., SUITE 102-208	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	C&G INVESTORS, INC.	
STREET ADDRESS	5200 NW 43RD ST., SUITE 102-208	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	OMER, PHILIP	
STREET ADDRESS	446 OAK GROVE RD.	
CITY-ST-ZIP	SPARTANBURG SC 29301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]
**EUGENE C. SIMS;
PRES. OF C&G INVESTORS, INC.**

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

Date

4/30/03

Daytime Phone #

352 228 1576

CR2E083 (10/02)