


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007928 1. Entity Name CREEK FARMS HUNT CLUB, INC.	
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Principal Place of Business ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009	Mailing Address ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMON, BERT C ESQ. 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, R.D. ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHIELDS, D.R. ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERVIN, SYDNEY A III ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELLO, JEANNINE ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000705207
04/23/07-80041-008 211.25

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other ~~the~~ empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/2/07 <small>Date</small>	904-634-8808 <small>Daytime Phone #</small>
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