No. W 10149		Due no later than Nov 30, 2009	2. Registered Agent and Address (NO PO BOX) STEPHEN E MARTIN 425 S HOLMES IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. THREE CREEKS, LLC STEPHEN E. MARTIN PO BOX 3189 IDAHO FALLS ID 83403-3189				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CHRIS OTT	3940 PROSPECT AVENUE, STE.102	NAPLES	FL	USA	34104
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Scott P. Eskelson	Date: 12/17/2009			
W 10149		Name (type or print): Scott P. Eskelson	Title: Attorney			
Processed 12/17/2009 * Electronically provided signatures are accepted as original signatures.						