

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90042 017 ****50.00



DOCUMENT # L05000017746
1. Entity Name
CREATIVE WORLD SCHOOL AT RIVERCREST, LLC

Principal Place of Business 829 BLUE HERON BLVD. RUSKIN, FL 33570	Mailing Address 829 BLUE HERON BLVD. RUSKIN, FL 33570
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2. Principal Place of Business 11361 Symmes Road Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Riverview, FL	City & State
Zip 33569	Country Hillsborough

01052006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**WARD, WESLEY L
829 BLUE HERON BLVD.
RUSKIN, FL 33570**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Managing Member	Ward, Wesley L	829 Blue Heron Blvd	Ruskin FL 33570	<input type="checkbox"/>
Managing Member	Ward, Carol H	829 Blue Heron Blvd	Ruskin FL 33570	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 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: *Carol H Ward* *Carol H Ward* 1-5-06 813-641-9471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #