


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000105866**

1. Entity Name  
**BE CREATIVE SERVICES, LLC**



Principal Place of Business <b>PO BOX 320096 TAMPA, FL 33679-2096</b>	Mailing Address <b>PO BOX 320096 TAMPA, FL 33679-2096</b>
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3718882</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STEINMETZ, KAREN L CPA  
5455 4TH STREET N.  
ST. PETERSBURG, FL 33703**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIOTT, MILTON PO BOX 320096 TAMPA, FL 336792096
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04/06/07-80005-020 50.00

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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:** *Milt S Elliott*      **3-23-07**      **813 731-8163**

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