

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -3 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001029
AF

DOCUMENT # M99000001204
1. Entity Name
CREATION MANAGEMENT LLC

Principal Place of Business Mailing Address
930 WASHINGTON AVENUE, 5TH FLOOR **930 WASHINGTON AVENUE, 5TH FLOOR**
MIAMIBEACH FL 33139 **MIAMIBEACH FL 33139**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0899461** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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.

SIGNATURE _____ (NOT Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004323711--3
-05/25/01--01073--019
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KREUSLER, ROBERT G	
STREET ADDRESS	930 WASHINGTON AVENUE, 5TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KRASSNER, BRAD	
STREET ADDRESS	930 WASHINGTON AVENUE, 5TH FLOOR	
CITY-ST-ZIP	MIAMIBEACH FL 33139	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KRASSNER, SHERRI	
STREET ADDRESS	930 WASHINGTON AVENUE, 5TH FLOOR	
CITY-ST-ZIP	MIAMIBEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

CR2E083 (11/00)