


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90114 022 ****50.00

DOCUMENT # M99000001204

1. Entity Name
CREATION MANAGEMENT LLC



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

Mailing Address
930 WASHINGTON AVENUE, 5TH FLOOR MIAMIBEACH, FL 33139



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0899461

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WOLFE, RICHARD C ESQ
 C/O PATHMAN LEWIS LLP
 2 S. BISCAYNE BLVD., STE. 2400
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
 Name **Richard C Wolfe Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **40 Wolfe & Goldstein P.A.
 550 Brickell Ave - PH Suite**
 City **Miami** FL Zip Code **33131**

8. The above named entity admits 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  DATE **4/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

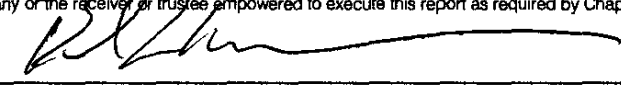
Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KREUSLER, ROBERT G <input checked="" type="checkbox"/> Delete 930 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KRASSNER, BRAD <input type="checkbox"/> Delete 930 WASHINGTON AVENUE, 5TH FLOOR MIAMIBEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KRASSNER, SHERRI <input checked="" type="checkbox"/> Delete 930 WASHINGTON AVENUE, 5TH FLOOR MIAMIBEACH, FL 33139 |
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| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE **4/12/04** Daytime Phone # **305-672-9980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE