

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008985

FILED
Apr 29, 2008
Secretary of State

Entity Name: CREATIVE CRAFTSMEN OF JUPITER, LLC

Current Principal Place of Business:

1090 JUPITER PARK DRIVE
SUITE 201
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1090 JUPITER PARK DRIVE
SUITE 201
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-8297208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMONS, LAUREN R
1090 JUPITER PARK DRIVE
SUITE 201
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMMONS, LAUREN R
Address: 1090 JUPITER PARK DRIVE, SUITE 201
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: LUXTON, JULIE J
Address: 1090 JUPITER PARK DRIVE, SUITE 201
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: SIMMONS, ROBERT W JR
Address: 1090 JUPITER PARK DRIVE, SUITE 201
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAUREN R. SIMMONS

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date