2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001071

1. Entity Name
CREATIVE CONVERSIONS, LLC.

FILED

01 APR 23 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1865 SEMORAN BLVD., STE 240	PO BOX 1359
WINTER PARK FL 32792	WINTER PARK FL 32790

2. Principal Place of Business
2309 Chantilly Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter park, FL

City & State

Zip 32789   Country USA

Zip   Country

4. FEI Number 59-3622216

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
RAINES JR, ROBERT	Name
~~1413 TROVILLION AVE.~~	Street Address (P.O. Box Number is Not Acceptable) 2309 Chantilly Ave
~~WINTER PARK FL 32789~~	City Winter park FL Zip Code 32789

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 _____   4/10/01

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

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

9.	MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES	
TITLE member		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME Ambitious Adventures			NAME	00000004134310---4	
STREET ADDRESS			STREET ADDRESS	-05/03/01--01116--005	
CITY-ST-ZIP Heathrow, FL			CITY-ST-ZIP	*****50.00 *****50.00	
TITLE Member		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME ~~Pete Prospect Inc~~ RDN Investments LLC			NAME		
STREET ADDRESS 2309 Chantilly Ave			STREET ADDRESS		
CITY-ST-ZIP Winter park, FL 32789			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

RDN Investments LLC
member

SIGNATURE: SIGNATURE REQUIRED   4/19/11   407-647-6020

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