
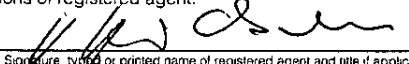
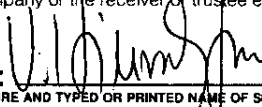


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90292 045 ****55.00

DOCUMENT # L000000011318					
1. Entity Name CREATIVE INNOVATIONS GROUP LLC					
Principal Place of Business 11 NORTHEAST 15TH AVE. POMPANO BEACH FL 33060			Mailing Address 11 NORTHEAST 15TH AVE. POMPANO BEACH FL 33060		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name UWE HINRICHSEN Street Address (P.O. Box Number is Not Acceptable) 11 NE 15 AVENUE City POMPANO BEACH FL 33060		
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  UWE HINRICHSEN			DATE 3/05/2004		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HINRICHSEN, ULRIKE 1000 SPANISH RIVER ROAD, #4G BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HINRICHSEN, ULRIKE 860 SW 18 STREET BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV HINRICHSEN, UWE 1000 SPANISH RIVER ROAD, #4G BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV HINRICHSEN, UWE 860 SW 18 STREET BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:  ULRIKE HINRICHSEN			DATE 3/05/2004 DAYTIME PHONE # 954-781-3050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

44017730



MOORE CR2E083 (11/03)

4. FEI Number 65-1040730 ☐ Applied For ☒ Not Applicable

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