

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                            |                                                |                                                                                                                                                                                                                                       |  |                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L00000011318</b><br>1. Entity Name<br><b>CREATIVE INNOVATIONS GROUP LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                            |                                                |                                                                                                                                                                                                                                       |  | <b>FILED</b><br><br>07 SEP 10 AM 10:31<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br><br> |  |
| Principal Place of Business<br><b>11 NORTHEAST 15TH AVE.<br/>POMPANO BEACH, FL 33060</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                            |                                                | Mailing Address<br><b>11 NORTHEAST 15TH AVE.<br/>POMPANO BEACH, FL 33060</b>                                                                                                                                                          |  |                                                                                                  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                            |                                                | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                             |  |                                                                                                  |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                            |                                                | City & State<br>Zip Country                                                                                                                                                                                                           |  |                                                                                                  |  |
| 4. FEI Number<br><b>65-1040730</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                            |                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |                                                                                                  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                            |                                                | <b>\$5.00</b> Additional Fee Required                                                                                                                                                                                                 |  |                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HINRICHSEN, UWE<br/>11 NE 15 AVE<br/>POMPANO BEACH, FL 33060</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                            |                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |                                                                                                  |  |
| 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.<br>SIGNATURE <u>Uwe Hinrichsen</u> <u>Uwe Hinrichsen</u> <u>08/16/07</u><br><small>Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when amending)</small>                                           |                                                                                       |                                            |                                                |                                                                                                                                                                                                                                       |  |                                                                                                  |  |
| <b>Amended AR is \$50.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                            |                                                | <b>State check payable to<br/>Florida Department of State</b>                                                                                                                                                                         |  |                                                                                                  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                            |                                                | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                          |  |                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br><b>HINRICHSEN, ULRKE</b><br><b>860 SW 18 ST.</b><br><b>BOCA RATON, FL 33486</b>  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRV<br><b>HINRICHSEN, UWE</b><br><b>860 SW 18 ST.</b><br><b>BOCA RATON, FL 33486</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>HINRICHSEN, UWE</b><br><b>860 SW 18TH ST.</b><br><b>BOCA RATON, FL 33486</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |  |                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>SCHUTTEMAYER, MICHAEL H.</b><br><b>7620 NW 6TH AVE.</b><br><b>BOCA RATON, FL 33487</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                               |  |                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>TURPIN, RANDOLPH A.</b><br><b>7620 NW 6TH AVE.</b><br><b>BOCA RATON, FL 33487</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                    |  |                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <div style="text-align: center;"> <b>300109296529</b><br/> <b>09/11/07--01016--026 **55.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                               |  |                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: <u>Uwe Hinrichsen</u> <u>Uwe Hinrichsen</u> <u>08/16/07</u> <u>9547813050</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                    |                                                                                       |                                            |                                                |                                                                                                                                                                                                                                       |  |                                                                                                  |  |