

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014802

FILED
Apr 30, 2006
Secretary of State

Entity Name: CREATIVE CONTENT MANAGEMENT, LLC

Current Principal Place of Business:

104 SHORE DR
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

104 SHORE DR
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3684347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YORK, JOHN
104 SHORE DR.
LONGWOOD, FL 32779 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: P () Delete
Name: BRODIE, AL
Address: 17050 ELDERBERRY DR
City-St-Zip: MONTVERDE, FL 34756

Title: V () Delete
Name: BRODIE, DAVID
Address: 808 BAMBI AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: YORK, JOHN
Address: 104 SHORE DR
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: CITKOVIC, JAMES
Address: 26TH ST
City-St-Zip: NEW YORK, NY 10019

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN YORK

T

04/30/2006

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