

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020570

FILED
Feb 19, 2004
Secretary of State

Entity Name: CREATIVE REAL ESTATE SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

5722 SOUTH FLAMINGO ROAD
SUITE 277
COOPER CITY, FL 33330 US

New Principal Place of Business:

783 W. COCO PLUM CIRCLE
PLANTATION, FL 33324 US

Current Mailing Address:

5722 SOUTH FLAMINGO ROAD
SUITE 277
COOPER CITY, FL 33330 US

New Mailing Address:

783 W. COCO PLUM CIRCLE
PLANTATION, FL 33324 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PESTRICHELLI, VICTORIA T
5722 S. FLAMINGO ROAD
SUITE 277
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

PESTRICHELLI, VICTORIA T
783 W. COCO PLUM CIRCLE
PLANTATION, FL 33324 US

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: VICTORIA PESTRICHELLI

02/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PESTRICHELLI, VICTORIA T
Address: 5722 S. FLAMINGO ROAD, #277
City-St-Zip: COOPER CITY, FL 33330 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PESTRICHELLI, VICTORIA T
Address: 783 W. COCO PLUM CIRCLE
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTORIA PESTRICHELLI

MGRM

02/19/2004

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